

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 573011

1. Entity Name

KINSMEN ENTERPRISES, INC.

Principal Place of Business

18 KINSMEN DR.
WINTER HAVEN FL 33884

Mailing Address

18 KINSMEN DR.
WINTER HAVEN FL 33884-3015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1904352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHEVALIER, BONITA
2119 KIRKLAND LAKE DR
AUBURNDAL FL 33823

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)

201 AMBERLY WAY

City
SAME

FL

Zip Code
SAME

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME
JOHNSTON, MARVIN C
STREET ADDRESS
11465 BURGER STREET
CITY-ST-ZIP
PLYMOUTH, MICH 00000

TITLE ☐ Delete

NAME
CHEVALIER, THOMAS E
STREET ADDRESS
501 HILLSIDE DR.
CITY-ST-ZIP
AUBURNDAL FL 00000

TITLE ☐ Delete

NAME
KNAPP, DONALD O
STREET ADDRESS
4500 HWY 92
CITY-ST-ZIP
LAKELAND FL

TITLE ☐ Delete

NAME
CHEVALIER, JOHN P
STREET ADDRESS
2119 KIRKLAND LAKE DR
CITY-ST-ZIP
AUBURNDAL FL 00000

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
SAME
STREET ADDRESS
201 AMBERLY WAY
CITY-ST-ZIP
SAME

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M Johnston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE