2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 614588

1. Entity Name

KMS INVESTMENT COMPANY #5, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State
04-28-2000 90458 001 ***450.00

Principal Place of Business	Mailing Address
~~915 PARK AVE.~~ ~~P.O. BOX 272995~~ ~~BOCA RATON FL 33427~~	~~915 PARK AVE.~~ P.O. BOX 272995 BOCA RATON FL 33427-2995

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1400 NE 57 ST ~~#205~~		PO Box 272995	
Suite, Apt. #, etc. #205		Suite, Apt. #, etc.	
City & State Ft. LAUD.		City & State Boca Raton	
Zip 33334	Country BROWARD	Zip 33427	Country PAlm Bch

4. FEI Number 59-1888086 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVENS, KEVIN M.
~~915 PARK AVE.~~ 1400 NE 57 ST #205
~~LAKE PARK FL 33403~~ Ft. LAUD., FL 33334

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 Kevin M. Stevens DATE 4/16/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENS, KEVIN M. 737 BAYBERRY TERR BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STEVENS, BRIAN 1400 NE 57 ST #205 FT LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Kevin M. Stevens 4/16/00 954-772-0243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #