

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90275 048 ***150.00

768353

DO NOT WRITE IN THIS SPACE

DOCUMENT # 614588
1. Entity Name
 KMS INVESTMENT COMPANY #5, INC. ✓

Principal Place of Business 1400 NE 57 ST.
 #205
 FT. LAUD., FL 33334
Mailing Address PO Box 272995
 BOCA RATON, FL 33427

2. Principal Place of Business
 Suite, Apt. #, etc.
City & State
Zip **Country**
3. Mailing Address
 Suite, Apt. #, etc.
City & State
Zip **Country**

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
 KEVIN M. STEVENS
 1400 NE 57 ST #205
 FT. LAUD., FL 33334

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
 1400 NE 57 ST #205
City FT. LAUD. **FL** **Zip Code** 33334

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** 4/30/01
 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, 2001 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

TITLE PD NAME KEVIN M. STEVENS STREET ADDRESS 737 BAYBERRY TERR. CITY-ST-ZIP BOCA RATON, FL 33486	☐ Delete
TITLE D V NAME BRIAN STEVENS STREET ADDRESS 1400 NE 57 ST #205 CITY-ST-ZIP FT. LAUD., FL 33334	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 **DATE** 4/30/01 **Daytime Phone #** 954-772-2243
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)