## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # 633784** K-P GROUPS, INCORPORATED 01-18-2000 90101 040 \*\*\*150.00 Mailing Address Principal Place of Business SUN CITY CENTER SHOPPING CENTER SUN CITY CENTER SHOPPING CENTER P.O. BOX 5808 P.O. BOX 5808 MUUUU4411 SUN CITY CENTER FL 33571 SUN CITY CENTER FL 33571-5808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-1955322 أدان بالبريز Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KNEELAND, DOLORES P. Street Address (P.O. Box Number is Not Acceptable) 1937 EAST VIEW DR SUN CITY FL 33573 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Change Addition TITLE ☐ Delete KNEELAND, DOLORES P. NAME STREET ADDRESS STREET ADDRESS 1937 EAST VIEW DRIVE CITY-ST-ZIP City-St-7IP SUN CITY CENTER FL ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE \_\_ . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME

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 attackment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

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SIGNATURE: W SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

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Daytime