

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

DOCUMENT # **A29550**

1. Entity Name

**KINCO, LTD.**

Principal Place of Business

C/O KINCO INC.  
P.O. BOX 6429  
JACKSONVILLE FL 32236

Mailing Address

C/O KINCO INC.  
P.O. BOX 6429  
JACKSONVILLE FL 32236-6429



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**62-1417715**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**KING, ROBERT F**

~~2011 SPANISH COVE TRAIL~~ **5245 OLD KINGS RD. N.**  
~~JACKSONVILLE FL 32257~~ **32254**

Name

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

**5245 OLD KINGS ROAD N.**

City

**FL**

Zip Code

**32254**

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 **RFK X [Signature]**

(NOTE: Registered Agent signature required when reinstating)

**5/1/2000**

DATE

9. Capital Contributions  
as Shown on record.

**\$6,547,097.33**

10. Amount of Capital Contributions  
in FLORIDA to date.

**(By LTD PAYS) \$5,105,645**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L44136**  
NAME **KINCO, INC.**  
STREET ADDRESS **5245 OLD KINGS ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL**

STREET ADDRESS

CITY-ST-ZIP

**100003290331--1**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**-06/15/00--01012--005**  
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CITY-ST-ZIP

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**By: Kinco, Inc., A Florida Corporation, its General Partner**

SIGNATURE:

**By: [Signature] REQUIRED U.P.**

**MAY 1, 2000 (904) 355-1476**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**X121**

CE 00000000