

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90011 036 ***150.00

DOCUMENT # F12135

1. Entity Name
K & B PUMP, INC.

Principal Place of Business

**1225 COMMERCE DRIVE
 P.O. BOX 2012
 LA BELLE FL 33935**

Mailing Address

**1225 COMMERCE DRIVE
 P.O. BOX 2012
 LA BELLE FL 33975
 US**

00020165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1225 Commerce Drive
 Suite, Apt. #, etc.
P.O. Box 2012

3. Mailing Address

1225 Commerce Drive
 Suite, Apt. #, etc.
P.O. Box 2012

City & State
LaBelle, FL

City & State
LaBelle, FL

4. FEI Number **59-2066332**

Applied For
 Not Applicable

Zip *33975*

Country *us*

Zip *33975*

Country *us*

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, WILLIAM K
 733 TRADER ROAD
 LABELLE FL**

7. Name and Address of New Registered Agent

Name *Smith, William K*
 Street Address (P.O. Box Number is Not Acceptable)
370 Trader Rd
LaBelle
 City **FL** Zip Code *33935*

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	SMITH, WILLIAM K.	
STREET ADDRESS	733 TRADER RD	
CITY-ST-ZIP	LA BELLE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, NANCY C.	
STREET ADDRESS	733 TRADER RD	
CITY-ST-ZIP	LA BELLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Smith, William K.</i>	
STREET ADDRESS	<i>370 Trader Rd.</i>	
CITY-ST-ZIP	<i>LaBelle, FL 33935</i>	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Smith, Nancy C.</i>	
STREET ADDRESS	<i>370 Trader Rd.</i>	
CITY-ST-ZIP	<i>LaBelle, FL 33935</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nancy C. Smith* **SIGNATURE REQUIRED** *1-24-02* **863-675-2265**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UNIFORM BUSINESS REPORT

CR2E034 (9/01)