

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F43340

1. Entity Name

KINGSTON HOMES, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90080 023 \*\*\*150.00

Principal Place of Business

1444 MARKET CIRCLE  
UNIT F  
PORT CHARLES FL 33952  
US

Mailing Address

PO BOX 381134  
3874 HIDDEN ACRES CIR  
MURDOCK FL 33938-1134  
US

2. Principal Place of Business

5585 Reisterstown Rd

3. Mailing Address

5585 Reisterstown Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Northport FL 34286

City & State

Northport FL

Zip

34286

Country

USA

Zip

34286

Country

USA

4. FEI Number

59-2121925

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVID N BAKUN  
1444 MARKET CIR  
UNIT E  
PT CHARLOTTE FL 33753

7. Name and Address of New Registered Agent

Name

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

5585 Reisterstown Rd

Northport

City

Northport

FL

Zip Code

34286

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

3/24/2000

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

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS BAKUN, DAVID  
CITY-ST-ZIP PO BOX 381134  
MURDOCK FL 33938

TITLE ☐ Delete  
NAME 5585 Reisterstown Rd  
STREET ADDRESS Northport FL 34286  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

**NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2000

Date

941-823-7971

Daytime Phone #