

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90054 041 ***150.00

DOCUMENT # F94000000790

1. Entity Name
KBH, INCORPORATED

Principal Place of Business

**3930 S NOVA RD
 STE 304
 PORT ORANGE FL 32127
 US**

Mailing Address

**3930 S NOVA RD
 STE 304
 PORT ORANGE FL 32127
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **62-1108061**

Applied For

Not Applicable

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

**HOGWOOD, BEAUTON M
 1901 BAYTREE CT
 PORT ORANGE FL 32127 32128
 ORANGE**

Name

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

City

FL

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
 NAME **HOGWOOD, KEN C**
 STREET ADDRESS **1901 BAYTREE CT**
 CITY-ST-ZIP **PORT ORANGE FL 32124**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **Port Orange, FL 32128**
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **HOGWOOD, BEAUTON M**
 STREET ADDRESS **1901 BAYTREE CT**
 CITY-ST-ZIP **PORT ORANGE FL 32124**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **Port Orange, FL 32128**
 CITY-ST-ZIP

TITLE ☐ Delete
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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: Beauton M. Hogwood, Secretary/Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02 386-761-3466

Date

Daytime Phone #

CR2E034 (9/01)