

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90038-043-\$550.00-\$550.00

DOCUMENT # F96000003863

1. Entity Name

K-FEEDERS ENTERPRISES, INC.

Principal Place of Business

PO BOX 1805
EAST GREENWICH RI 02818

Mailing Address

PO BOX 1805
EAST GREENWICH RI 02818

2. Principal Place of Business

same

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0366315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLASBALG, PAUL
10-C STRATFORD DR. EAST
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

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)

PRESIDENT

DATE

9/12/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	BLASBALG, LARRY	
STREET ADDRESS	1485 SOUTH COUNTY TRAIL	
CITY-ST-ZIP	EAST GREENWICH RI 02818	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	BLASBALG, PAUL	
STREET ADDRESS	1485 SOUTH COUNTY TRAIL	
CITY-ST-ZIP	EAST GREENWICH RI 02818	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	BLASBALG, JORAN	
STREET ADDRESS	1485 SOUTH COUNTY TRAIL	
CITY-ST-ZIP	EAST GREENWICH RI 02818	
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		<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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

SIGNATURE REQUIRED PRESIDENT

9/25/00 (401) 884-1107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL BLASBALG

Daytime Phone

FILED

00 SEP 29 AM 9:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

KE