

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004018

1. Entity Name

KBM ENTERPRISES, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90112 012 \*\*\*150.00

Principal Place of Business

Mailing Address

4946  
 4796 RESEARCH DR  
 HUNTSVILLE AL 35705  
 US

PO BOX 5720-940  
 HUNTSVILLE AL 35814-5720  
 US  
 Ardmore, TN  
 38449

2. Principal Place of Business

4946 Research Dr.

3. Mailing Address

PO Box 940

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Huntsville

City & State

Ardmore, TN 38449

Zip

35805

Country

Zip

38449

Country

4. FEI Number

63-0835551

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

SMITH, STANLEY L DR  
 308 WEST D AVE, BUILDING 260, ROOM 6326  
 EGLIN AFB FL 32542

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	KNIGHT, JAMES D	
STREET ADDRESS	15980 CHANEY THOMPSON ROAD	
CITY-ST-ZIP	HUNTSVILLE AL 35803	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	KNIGHT, SHERRILL D	
STREET ADDRESS	15980 CHANEY THOMPSON ROAD	
CITY-ST-ZIP	HUNTSVILLE AL 35803	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, LILLIAN L	
STREET ADDRESS	15980 CHANEY THOMPSON ROAD	
CITY-ST-ZIP	HUNTSVILLE AL	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4946 Research Dr	
CITY-ST-ZIP	Huntsville, AL 35805	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4946 Research Dr	
CITY-ST-ZIP	Huntsville, AL 35805	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4946 Research Dr	
CITY-ST-ZIP	Huntsville, AL 35805	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

5/1/00 (931) 468-9233