

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004410

1. Entity Name

KILN MAINTENANCE AND CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

893 SPRING MEADOW DR.
GARDENDALE AL 35071

893 SPRING MEADOW DR.
GARDENDALE AL 35071-2526

2. Principal Place of Business

629 Industrial Park Dr

3. Mailing Address

PO BOX 1417

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PeLham AL

City & State

PeLham AL

Zip

35124

Country

USA

Zip

35124

Country

USA

4. FEI Number

72-1372454

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

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

TITLE	PC	Delete
NAME	THOMAS, MICHAEL E	
STREET ADDRESS	893 SPRING MEADOW DR.	
CITY-ST-ZIP	GARDENDALE AL 35071	
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		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		Change	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	
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:

MICHAEL E THOMAS MICHAEL E THOMAS

Date

1-6-2000 2056640520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90007 014 ***150.00

600486



DO NOT WRITE IN THIS SPACE