

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State
 02-18-2002 90164 016 ***150.00

DOCUMENT # F97000004410

1. Entity Name
KILN MAINTENANCE AND CONSTRUCTION, INC.

Principal Place of Business

**629 INDUSTRIAL PK DR
 PELHAM AL 35124**

Mailing Address

**P O BOX 1417
 PELHAM AL 35124**

80027590



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

120 SHADY ACRES LN

Suite, Apt. #, etc.

P O BOX 1850

**City & State
 A1ABASTER AL**

**City & State
 ALABASTER AL**

**4. FEI Number
 72-1372454**

**Applied For
 Not Applicable**

**Zip
 35007**

Country

**Zip
 35007**

Country

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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

**TITLE
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☐ Delete

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☐ Change ☐ Addition

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-02 205 664 0520

CR2E034 (9/01)