

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
 06-07-2000 90428 039 ***158.75

DOCUMENT # F98000002395

1. Entity Name
Kris Business Services, Inc
Kris Associates, Inc

Principal Place of Business Mailing Address

2. Principal Place of Business
15010 113TH AVENUE LOT 1B
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 37
 Suite, Apt. #, etc.

City & State
Largo, FL

City & State
Largo, FL

Zip
33774

Country
USA

Zip
33785-0037

Country
USA

4. FEI Number
58-1709264

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

KIMBERLY BANKER
15010 113TH AVE N. LOT 1B
LARGO, FL 33774

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 *Kimberly Banker* **Kimberly Banker**

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 **PRESIDENT**
 NAME **KIMBERLY BANKER**
 STREET ADDRESS **15010 113TH AVE N. LOT 1B**
 CITY-ST-ZIP **LARGO FL 33774**

☐ Delete

TITLE **VP/SEC**
 NAME **WILLIAM F. BANKER**
 STREET ADDRESS **15010 113TH AVE N. LOT 1B**
 CITY-ST-ZIP **LARGO**

☒ Delete

TITLE
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: *Kimberly Banker* **Kimberly Banker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/00

Date

727-421-0970

Daytime Phone #

CR2E034 (9/99)