

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90053 041 ***150.00

DOCUMENT # G04068

1. Entity Name

KIMO ENTERPRISES OF DESTIN, INC.

Principal Place of Business

Mailing Address

877 HWY. 98 EAST
 DESTIN FL 32541

877 HWY. 98 EAST
 DESTIN FL 32541-2709

00013360



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5 Industrial Park Road Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State

City & State

Destin, FL

4. FEI Number

59-2304553

Applied For

Not Applicable

Zip

Country

Zip

Country

32541-2704

USA

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

DETTE, JAMES W.
877 HWY. 98 E.
DESTIN FL 32541

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 NAME STREET ADDRESS CITY-ST-ZIP	PS DETTE, JAMES W 877 HWY. 98 E. DESTIN, FL 00000	<input type="checkbox"/> Delete
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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

1/27/00

Date

Daytime Phone #

850-837-3160