## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2000 8:00 am Secretary of State OCUMENT # **G38588** KINSLEY ENTERPRISES, INC. 05-02-2000 90074 010 \*\*\*150.00 Mailing Address micipal Place of Business 2079 BURNICE DRIVE BURNICE DRIVE TABWATER FL 34624 CLEARWATER FL 33764-4803 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2299777 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GROVER, KINSLEY D Street Address (P.O. Box Number is Not Acceptable) 2079 BURNICE DR CLEARWATER FL 34624 City Zip Code FI 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CR2E034 (9/99 ☐ Change ☐ Delete TITLE KINSLEY, GROVER D. NAME STREET ADDRESS STREET ADDRESS 2079 BURNICE DR. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Delete TITLE ☐ Change ■ Addition VSD KINSLEY, MARGIE L. NAME NAME STREET ADDRESS STREET ADDRESS 2079 BURNICE DR. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITI F NAME

☐ Delete

☐ Change

Addition

FILED