

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G48974

1. Entity Name

KANDEE, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90392 019 ***150.00

80057151



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% CLARENCE L. SMITH
 622 EDGEWATER DR APT 621
 DUNEDIN FL 34698

% CLARENCE L. SMITH
 622 EDGEWATER DR APT 621
 DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

Kandee
 Suite, Apt. #, etc.
 622 Edgewater Dr apt 621

Same
 Suite, Apt. #, etc.

City & State
Dunedin FL

City & State

Zip
 34698

Country
 FL

Zip

Country

4. FEI Number 26-1149750

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

SMITH, CLARENCE L
 622 EDGEWATER DR APT 621
 DUNEDIN FL 34698

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, 2001 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
 PST SMITH, CLARENCE L
 622 EDGEWATER DR #621
 DUNEDIN FL ☐ Delete

TITLE
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☐ Change ☐ Addition

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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

Date

Daytime Phone #

CR2E034 (10/00)