

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90024 015 \*\*\*150.00

**DOCUMENT # G70117**

1. Entity Name

**KIRK W. KESSEL, P.A.**

Principal Place of Business

Mailing Address

100 RIALTO PLACE, 7TH FLOOR, STE 61  
 PO BOX 1058  
 MELBOURNE FL 32902-1058

100 RIALTO PLACE, 7TH FLOOR, STE 61  
 PO BOX 1058  
 MELBOURNE FL 32935-7070

**637036**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1332 DESOTO STREET**

**1332 DESOTO STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MELBOURNE**

City & State

**MELBOURNE**

4. FEI Number

**59-2413855**

Applied For

Not Applicable

Zip

Country

**FL 32935-7070**

**USA**

Zip

Country

**FL 32935-7070**

**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

**KESSEL, KIRK W.**  
**100 RIALTO PLACE, 7TH FLOOR**  
**SUITE 61**  
**MELBOURNE FL 32901**

Name

**KIRK W. KESSEL**

Street Address (P.O. Box Number is Not Acceptable)

**1332 DESOTO STREET**

City

**MELBOURNE**

FL

Zip Code

**32935-7070**

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	Delete
DPT	KESSEL, KIRK W.	100 RIALTO PL STE 701	MELBOURNE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		1332 DESOTO STREET	MELBOURNE, FL 32935-7070	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00 321-729-6000  
 Date Daytime Phone #

CR2E034 (9/99)