

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H06892

1. Entity Name

D & S KUSTOM CONSTRUCTION, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90413 002 \*\*\*150.00

Principal Place of Business

D & S KUSTOM CONSTRUCTION INC  
1308 DUNKENFIELD AVE  
CRYSTAL RIVER FL 34429  
US

*D&S Kustom Construction Inc.*  
*PO Box 239*  
*Crystal River, FL 34423*

80055899



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*D&S Kustom Const. Inc.*  
Suite, Apt. #, etc.  
*48 NW Hwy 19*

3. Mailing Address

*D&S Kustom Const. Inc.*  
Suite, Apt. #, etc.  
*PO Box 239*

City & State

*Crystal River FL*

City & State

*Crystal River, FL*

4. FEI Number

59-2337198

Applied For

Not Applicable

Zip

Country

*34428*

Zip

Country

*34423*

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

Steve Kingree  
PO Box 239  
Crystal River, FL 34423

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

*Steve Kingree*

Signature, typed or printed name of registered agent and title if applicable.

*Steve Kingree*

(NOTE: Registered Agent signature required when reinstating)

*4/30/01*

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**

Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

11.

TITLE Steve Kingree  
NAME PO Box 239  
STREET ADDRESS Crystal River, FL 34423  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Steve Kingree*  
President

Date

*4/30/01* 352 995 1366

Daytime Phone #

CR2E034 (10/00)