

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H18194

1. Entity Name

KILLINGSWORTH ENTERPRISES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90116 029 ***150.00

Principal Place of Business

Mailing Address

C/O RACHEL M. KILLINGSWORTH
426 SHERRY CIRCLE
FORT WALTON BEACH FL 32548

C/O RACHEL M. KILLINGSWORTH
426 SHERRY CIRCLE
FORT WALTON BEACH FL 32548-4003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2442175**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KILLINGSWORTH, RACHEL M.
426 SHERRY CIRCLE
FORT WALTON BEACH FL 32548

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	VPD	<input type="checkbox"/> Delete
NAME	KILLINGSWORTH, ORAN P.	
STREET ADDRESS	426 SHERRY CIRCLE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KILLINGSWORTH, RACHEL M.	
STREET ADDRESS	426 SHERRY CIRCLE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILLIAMSON, JANET D.	
STREET ADDRESS	3011 WINDSOR CIRCLE	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Rachel M. Killingsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)