

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H23924

1. Entity Name

KALYND, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90277 004 \*\*\*150.00

Principal Place of Business

4514 CHANDLER RD.  
APOPKA FL 32712

Mailing Address

4514 CHANDLER RD.  
APOPKA FL 32712-5501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2456634

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

SEARS, KATHY S  
4514 CHANDLER RD.  
APOKA FL 32712

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	DPS	<input type="checkbox"/> Delete
NAME	SIMPSON, KAROLYN C.	
STREET ADDRESS	4514 CHANDLER ROAD	
CITY-ST-ZIP	APOPKA FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	SIMPSON, DONALD G. JR.	
STREET ADDRESS	4514 CHANDLER ROAD	
CITY-ST-ZIP	APOPKA FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SIMPSON, DONALD G. III	
STREET ADDRESS	4514 CHANDLER ROAD	
CITY-ST-ZIP	APOPKA FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SEARS, KATHY SIMPSON	
STREET ADDRESS	4514 CHANDLER ROAD	
CITY-ST-ZIP	APOPKA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SEARS, ANDREW J	
STREET ADDRESS	4514 CHANDLER RD	
CITY-ST-ZIP	APOPKA FL	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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:

*Kathy S. Sears* KATHY S. SEARS

Date

Daytime Phone #

4-20-00 407-886-3690

CR2E034 (9/99)