

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H36114

1. Entity Name
KAY-RITE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 10 AM 9:51

Principal Place of Business

H&R BLOCK
39 NO 6 STR
HAINES CITY FL 33844
US

Mailing Address

P.O. BOX 246
HAINES CITY FL 33845-0246

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 59-2523649

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

JONES, LESTER W.
2941 PLANTATION ROAD
WINTER HAVEN FL 33884

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
DPV
JONES, LESTER W.
138 MIRROR LANE, N.W.
WINTER HAVEN FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
JONES, JEAN M.
138 MIRROR LANE, N.W.
WINTER HAVEN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004649859-1
-10/23/01--01044--012
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

LES JONES

9/5/01

8634223848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

-2-

P.O. Box 246
Haines City, Fl. 33844
Les Jones

09/26/01

Florida Department of Revenue
Division of Corporations
Tallahassee, Fl. 32413

To whom it may concern:

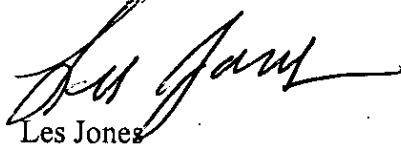
This letter is to request forgiveness of the late penalties for my three corporations. I did not receive the forms until September when they were found in my office. I had surgery In March of 2001 and did not see forms until September.

I have always filed and paid these fees timely and will continue in the future. It is my belief that the above is a valid legal reason for the abatement of these fees. I will be out Of the country from October 1st until October 15, 2001 if you do not agree with my belief I will appreciate your abatement of late fees and postponement and dissolution/revocation at least until the 25th of October 2001 allowing time for settlement.

I have enclosed a check for four hundred for each corporation. I will appreciate your refunding these late fees as soon as you can determine that these fees are not applicable.

Thank you for your consideration.

Sincerely,


Les Jones