

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J19266

1. Entity Name

KASO, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90255 037 ***150.00

Principal Place of Business

Mailing Address

KASO INC
5012 SPYGLASS DR
PANAMA CITY FL 32408
US

KASO, INC
5012 SPYGLASS DR
PANAMA CITY FL 32411-8377
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2713433

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARFEL, TIMOTHY J.
2120 KILLARNEY WAY
STE 701
TALLAHASSEE FL 32308

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 Delete

NAME **D RUTHERFORD, BRIAN J**

STREET ADDRESS **1919 LOU ANN**
 CITY-ST-ZIP **NEW BRAUNFELS TX**

TITLE Delete

NAME **DP RUTHERFORD, NATALIE G.**

STREET ADDRESS **5012 SPYGLASS DR.**
 CITY-ST-ZIP **PANAMA CITY BCH. FL 32408**

TITLE Delete

NAME **D RUTHERFORD, ANDREW S.**

STREET ADDRESS **P.O. BOX 1057 N/A**
 CITY-ST-ZIP **CARRABELLE FL 32322**

TITLE Delete

NAME **DST RUTHERFORD, LU WINN R.**

STREET ADDRESS **140 JOE JENKINS ROAD**
 CITY-ST-ZIP **FAIRVIEW NC 28730**

TITLE Delete

NAME Delete

STREET ADDRESS Delete

CITY-ST-ZIP Delete

TITLE Delete

NAME Delete

STREET ADDRESS Delete

CITY-ST-ZIP Delete

TITLE Change Addition

NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change Addition

TITLE Change Addition

NAME Change Addition

STREET ADDRESS **PO Box 28377**

CITY-ST-ZIP **PANAMA CITY BCH. FL 32411**

TITLE Change Addition

NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change Addition

TITLE Change Addition

NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change Addition

TITLE Change Addition

NAME Change Addition

STREET ADDRESS Change Addition

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: **NATALIE G. RUTHERFORD**

Natalie G. Rutherford 2/11/00 850 234-1670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)