

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91322 026 ***150.00

DOCUMENT # J19898

1. Entity Name

K.N.L. CONTRACTING, INC.

DO NOT WRITE IN THIS SPACE

664175

2. Principal Place of Business

22067 Mattaponi TR.

Suite, Apt. #, etc.

3. Mailing Address

22067 Mattaponi TR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Milford VA

City & State

Milford VA

4. FEI Number

59-2695548

Applied For

Not Applicable

Zip

22514

Country

USA

Zip

22514

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Linda Phillips

Street Address (P.O. Box Number is Not Acceptable)

3733 Valley Park Way

City

Lake North

FL

Zip Code

32065

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	PD
NAME	Phillips, Kevin
STREET ADDRESS	22067 Mattaponi TR.
CITY - ST - ZIP	Milford, VA 22514
TITLE	ST
NAME	Phillips, Linda
STREET ADDRESS	22067 Mattaponi TR.
CITY - ST - ZIP	Milford, VA 22514
TITLE	VD
NAME	Phillips, Linda
STREET ADDRESS	22067 Mattaponi TR.
CITY - ST - ZIP	Milford, VA 22514
TITLE	
NAME	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-02 804-633-5404

Date

Daytime Phone #

CR2E034B (12/01)