

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90394 023 ***158.75

0002095

DOCUMENT # J27311
 1. Entity Name
KIMO ENTERPRISES, INC.

Principal Place of Business 6001-4 YOUNGERMAN CIR BOX 51 JACKSONVILLE FL 32244 US	Mailing Address 1177 PARK AVE SUITE 5 ORANGE PARK FL 32073 US
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2. Principal Place of Business 1177-5 PARK AVE. PMB191 Suite, Apt. #, etc.	3. Mailing Address 1177-5 PARK AVE. PMB191 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ORANGE PARK, FL	City & State ORANGE PARK, FL	4. FEI Number 59-2710207	Applied For <input type="checkbox"/> Not Applicable
Zip 32073-4150	Country	Zip 32073-4150	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUST, KIRK E. 1177 PARK AVE SUITE 5 ORANGE PARK FL 32073	7. Name and Address of New Registered Agent Name RUST, KIRK E. Street Address (P.O. Box Number is Not Acceptable) 1177-5 PARK AVE. PMB 191 City ORANGE PARK FL Zip Code 32073-4150

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS RUST, KIRK E. 1177 PARK AVE, SUITE 5 ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 1177-5 PARK AVE. PMB 191 ORANGE PARK, FL 32073-4150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kirk Rust **Kirk Rust** 4-27-01 (904) 591-4196
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)