2000 UNIFORM BUSINESS REPORT (UBR)

김연미

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # J28135** KEN KAR OF THE TREASURE COAST, INC. 02-01-2000 90068 017 ***150.00 Principal Place of Business Mailing Address P. O. BOX 2729 1525 SW MARTIN WAY PALM CITY FL 34990 STUART FL 34995-2729 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2713853 Not Applicate Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name-**BUNTZ. CURTIS** Street Address (P.O. Box Number is Not Acceptable) 1525 SW MARTIN WAY PALM CITY FL 34990 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change TITLE ☐ Addition ☐ Delete TITLE **BUNTZ. CURTIS** NAME NAME 2622 RACQUET CLUB DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE BUNTZ, JACK NAME NAME 2622 RACQUET CLUB DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY FL CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITI F Change BUNTZ: KENNETH NAME NAME 2622 RACQUET/CLUB DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY FL CITY-ST-ZIP SD ☐ Change ☐ Addition Defete TITLE TITLE BUNTZ, PATA NAME NAME 2622 RACQUET CLUB DR STREET ADDRESS STREET ADDRESS PALM CITY/FL 34990 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

561 287-9336

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