

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90096 006 \*\*\*150.00

**DOCUMENT # J52888**

1. Entity Name  
**KCKC ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**1140 WATERTOWER ROAD**      **18563 60TH STR. NORTH**  
**BAY #7**      **LOXAHATCHEE FL 33470-2101**  
**LAKE PARK FL 33403**      **US**  
**US**

**828045**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**3680 Investment Ln.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**11 & 12**

City & State      City & State  
**Riviera Bch. FL**  
 Zip      Country  
**33404 Palm Bch.**

4. FEI Number      Applied For  
**59-2753692**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WILLS, ALAN C**  
**18563 60TH STR. NORTH**  
**LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PS</b> <b>WILLS, ALAN C.</b> <b>18563 60TH ST. N.</b> <b>LOXAHATCHEE FL 33470</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPT</b> <b>ALOISI, MARIA</b> <b>18563 60TH ST. N.</b> <b>LOXAHATCHEE FL 33470</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 an officer-like empowerment.

**SIGNATURE:** Alan Wills      Date: 3-23-00      Daytime Phone #: 561-753-6611

CR25-N24 (9/00)