

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J97752

1. Entity Name
K-TRANSFER, INC.

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90171 003 ***150.00

0088338
AV

Principal Place of Business
8721 N. HAMNER AVE.
TAMPA FL 33604-1231

Mailing Address
8721 N. HAMNER AVE.
TAMPA FL 33604-1231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	59-2848664	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KYLE, GARY L		Name	
8721 N. HAMNER AVE., TAMPA FL 33604-1231		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. I am familiar with, and accept the obligations of registered agent.

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. ☐ **FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D KYLE, GARY L 8721 N. HAMNER AVE. TAMPA FL	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
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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: *Gary L. Kyle* (GARY L. KYLE) President K-Transfer 7-29-02 1-(813)-932-2396

CR2E034 (4/02)

Attachment
J97752

676348

Florida Department of State
Katherine Harris, Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

July 29, 2002

Dear Sir or Madam:

I just realized that I did not receive my notice to file for my renewal of my corporation.
Please accept my check for \$150.00 and my apology for this mishap. We are not sure if it
was lost in the mail, taken out of the mail box or just lost.

I appreciate anything you can do to assist me in this.

Sincerely,

Gary Lee Kyle

Gary Lee Kyle
K-Transfer, Inc.