

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J99277

1. Entity Name
KCV ENTERPRISES, INC.

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90012 012 ***550.00

Principal Place of Business
306 RIO PINAR TRAIL
ORMOND BEACH FL 32174

Mailing Address
306 RIO PINAR TRAIL
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2858049

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32015

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

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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. 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 DP
NAME VOSMIK, LARRY E.
STREET ADDRESS 3 CREEKVIEW WAY
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 306 Rio Pinar Trail
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE DST
NAME VOSMIK, LORRAINE A.
STREET ADDRESS 3 CREEKVIEW WAY
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 306 Rio Pinar Trail
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *Lorraine A. Vosmik* Lorraine A. Vosmik 7-16-00 (904) 673-9137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #