

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K33689

1. Entity Name

KANECO, INC.

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

04-24-2000 90039 031 ***150.00

Principal Place of Business

Mailing Address

3335 SEQUOIA ROAD
ORANGE PARK FL 32065

3335 SEQUOIA ROAD
ORANGE PARK FL 32065

2. Principal Place of Business

3335 SEQUOIA RD

3. Mailing Address

3335 SEQUOIA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL.

City & State

ORANGE PARK, FL

Zip

32065

Country

CLAY

Zip

32065

Country

CLAY



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2910036

Applied For

Not Applicable

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

WALKER, JAMES V
217 PONTE VEDRA PARK DR
BLDG 100, SUITE 200
PONTE VEDRA BCH FL 32082

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS KANE, WILLIAM M.
CITY-ST-ZIP 3335 SEQUOIA ROAD
ORANGE PARK FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS KANE, DARYL R.
CITY-ST-ZIP 3335 SEQUOIA ROAD
ORANGE PARK FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *W. M. Kane* W. M. KANE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

904 278 8245

Daytime Phone #

CR2E034 (9/99)