

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K69016**

1. Entity Name

KIRKMAN BUILDING, INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90285 034 ***150.00

Principal Place of Business

**117 N. KIRKMAN ROAD
ORLANDO FL 32811**

Mailing Address

**117 N. KIRKMAN ROAD
ORLANDO FL 32811****00011667**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0101723**

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

**SCHAFFER, JOAN
117 N. KIRKMAN ROAD
ORLANDO FL 32811**

Name

PEGGY JOHNSON

Street Address (P.O. Box Number is Not Acceptable)

1108 OAKDALE ST.**WINDERMERE, FLORIDA**

City

FL

Zip Code

34786

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, 2001 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	PCD	<input type="checkbox"/> Delete
NAME	SCHAFFER, JOAN	
STREET ADDRESS	836 MAIN STREET	
CITY-ST-ZIP	WINDERMERE FL 34786	

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEGGY JOHNSON	
STREET ADDRESS	1108 OAKDALE ST.	
CITY-ST-ZIP	WINDERMERE, FL. 34786	

TITLE	STDV	<input type="checkbox"/> Delete
NAME	JOHNSON, PEGGY	
STREET ADDRESS	1108 OAKDALE ST.	
CITY-ST-ZIP	WINDERMERE FL 34786	

TITLE	STDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN SCHAFFER	
STREET ADDRESS	2462 OCEAN VIEW BLVD. #103	
CITY-ST-ZIP	OCFEE, FL. 34761	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)