

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90344 012 ****55.00

DOCUMENT # L01000020033

1. Entity Name

K.B. CUSTOM SERVICES, LLC

Principal Place of Business

**210 SOUTH 11TH STREET
TAMPA FL 33602**

Mailing Address

**1031 COMMODORE STREET, SUITE A
CLEARWATER FL 33755**

2. Principal Place of Business

3. Mailing Address

603 S. Melville Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6

City & State

City & State

Tampa Florida

Zip

Country

Zip

Country

33606

USA

4. FEI Number

59-3759533

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CROSSLAND, FRANK N
29605 U.S. 19 N. SUITE 330
CLEARWATER FL 33761**

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. 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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **WARREN H. BROWN**
CITY-ST-ZIP **603 S Melville Ave**
6 Tampa FL 33606

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **(SIGNATURE REQUIRED)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/18/02 352-650-0225

Date

Daytime Phone #

CR2E083 (4/02)