

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90323 002 \*\*\*150.00

**DOCUMENT # L82916**

1. Entity Name

KC'S ENTERPRISES OF LEE COUNTY, INC.

Principal Place of Business

15821 S. PEBBLE LANE  
 FT. MYERS FL 33912  
 US

Mailing Address

15821 S. PEBBLE LANE  
 FT. MYERS FL 33912  
 US

2. Principal Place of Business

682 Spreading Oak  
 Suite, Apt. #, etc.  
 Avenue

3. Mailing Address

682 Spreading Oak Ave.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deltona FL

City & State

Deltona FL

4. FEI Number

59-3020879

Applied For

Not Applicable

Zip

32738

Country

Volusia

Zip

32738

Country

Volusia

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required.

6. Name and Address of Current Registered Agent

MCCULLOUGH, RICKI A.  
 15821 S. PEBBLE LANE  
 FT. MYERS FL 33912

7. Name and Address of New Registered Agent

Name

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

682 Spreading Oak Ave.

City

Deltona

FL

Zip Code

32738

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCCULLOUGH, BRENDA 15821 S. PEBBLE LANE FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCULLOUGH, RICKI A. 15821 S. PEBBLE LANE FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP McCullough, Brenda 682 Spreading Oak Ave Deltona FL 32738	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP McCullough, Ricki A. 682 Spreading Oak Ave Deltona FL 32738	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 407-330-7697

Date

Daytime Phone #

CR2E034 (9/01)