

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002903

1. Entity Name  
NPV KT, L.L.C.

APPROVED  
AND  
FILED

00 JUN -2 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
201 14TH AVENUE NORTH  
ST. PETERSBURG FL 33701

Mailing Address  
201 14TH AVENUE NORTH  
ST. PETERSBURG FL 33701-1127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

406 N. Rco St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

141

City & State

City & State

Tampa, FL

4. FEI Number

59-3544186

Applied For

Not Applicable

Zip

Country

Zip

33609

Country

U.S

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUDGE, FELIX D  
201 14TH AVENUE NORTH  
ST. PETERSBURG FL 33701

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
FUDGE, FELIX D  
201 14TH AVENUE NORTH  
ST. PETERSBURG FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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-06/15/00--01013--005  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/27/00

727-894-1717

CR2E083 (9/99)