

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2000 8:00 am  
Secretary of State

02-05-2000 90025 038 \*\*\*150.00

DOCUMENT # L98340

1. Entity Name

KINETIC SALES, INC.

Principal Place of Business

230 COASTLINE RD.  
SUITE 110  
SANFORD FL 32771  
US

Mailing Address

230 COASTLINE RD  
SUITE 110  
SANFORD FL 32771-6698  
US

2. Principal Place of Business

104 DONLON DR.

3. Mailing Address

104 DONLON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW SMYRNA BCH, FLA. NEW SMYRNA BCH, FLA

4. FEI Number

59-3042744

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

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name **FRED LAWRENCE**

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

104 DONLON DR.

City **NEW SMYRNA BCH.**

FL

Zip Code **32168**

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

1/31/2000

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	LAWRENCE, LOLA	
STREET ADDRESS	104 DONLON DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAWRENCE, FRED	
STREET ADDRESS	104 DONLON DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAWRENCE, FRED	
STREET ADDRESS	104 DONLON DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAWRENCE, LOLA M.	
STREET ADDRESS	104 DONLON DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/2000