

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002057

1. Entity Name

K. SELECTIVE CHOICES INC.

APPROVED
AND
FILED

01 APR 19 AM 11:02

Principal Place of Business

PO BOX 433
HAVANA FL 32333

Mailing Address

PO BOX 433
HAVANA FL 32333

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10 Barber Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 433

Suite, Apt. #, etc.

City & State

Havana, FL

City & State

Havana, FL

4. FEI Number

593635573

Applied For

Not Applicable

Zip

32333

Country

Gadsden

Zip

32333

Country

Gadsden

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDEN, KIMMIE S
10 BARBER RD
HAVANA FL 32333

7. Name and Address of New Registered Agent

Name Kimmie Golden

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

10 Barber Rd

Havana

City

FL

Zip Code

32333

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

Kimmie S. Golden

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GOLDEN, KIMMIE S
STREET ADDRESS PO BOX 433
CITY-ST-ZIP HAVANA FL 32333

TITLE D ☐ Delete
NAME GOLDEN, BEN JR
STREET ADDRESS PO BOX 433
CITY-ST-ZIP HAVANA FL 32333

TITLE D ☐ Delete
NAME BROWN, SHA-RHONDA
STREET ADDRESS PO BOX 433
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900004032699--4
CITY-ST-ZIP -04/19/01--01038--021
*****70.00 *****70.00

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimmie S. Golden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

(850) 508-7411

Daytime Phone #

CR2E037 (10/00)