

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003473

1. Entity Name

K.W. PERFORMERS, INC.

Principal Place of Business

619 NORTH MCDUFF AVE.
JACKSONVILLE FL 32209

Mailing Address

2262 ORCHARD ST.
JACKSONVILLE FL 32209

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3609294

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOSTON, DAVID
2262 ORCHARD ST.
JACKSONVILLE FL 32209

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

After September 13, 2002,
min. will be \$236.25.

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 WILLIAMS, GELNDA
STREET ADDRESS 3528 DELLWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE D ☐ Delete
NAME COTTON, ALFRED
STREET ADDRESS 803 BAKER AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ Delete
NAME BOSTON, DAVID
STREET ADDRESS 619 NORTH MCDUFF AVE
CITY-ST-ZIP JACKSONVILLE FL 32209

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: SIGNATURE OF REGISTERED AGENT

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90167 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)

8-1-02 (904) 568-1876