

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011336

1. Entity Name
K & M OF NORTHWEST FLORIDA, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90413 020 ***150.00

Principal Place of Business
24 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32546

Mailing Address
24 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. BOX 309

3. Mailing Address
P.O. BOX 309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FORT WALTON BEACH, FL

City & State
FORT WALTON BEACH, FL

4. FEI Number

Applied For

59-3627826

Not Applicable

Zip
32549

Country
USA

Zip
32549

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEAD, MICHAEL WM
24 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KRUSE, CRAIG J
P.O. BOX 309
FT. WALTON BEACH FL 32549 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
MEAD, MICHAEL WM
P.O. DRAWER 1329
FT. WALTON BEACH FL 32549 ☒ Delete

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

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CITY-ST-ZIP
☐ Change ☐ 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

4/30/01

Date

850-863-4900

Daytime Phone #

CR2E034 (10/00)