

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90153 007 ***150.00

DOCUMENT # P00000011336

1. Entity Name

K & M OF NORTHWEST FLORIDA, INC.

Principal Place of Business

**PO BOX 309
 FORT WALTON BEACH FL 32549**

Mailing Address

**PO BOX 309
 FORT WALTON BEACH FL 32549**

2. Principal Place of Business

36468 Emerald Coast Pkwy

3. Mailing Address

P.O. Box 309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6101

City & State

Destin, FL

City & State

FT. WALTON BEACH, FL

Zip

Country

32541

OKALOOSA

Zip

Country

32549

OKALOOSA

6. Name and Address of Current Registered Agent

MEAD, MICHAEL WM

24 WALTER MARTIN ROAD

FORT WALTON BEACH FL 32548

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.

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, 2002 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 **P** ☐ Delete
 NAME **KRUSE, CRAIG J**
 STREET ADDRESS **P.O. BOX 309**
 CITY-ST-ZIP **FT. WALTON BEACH FL 32549**

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

4-24-02 850-269-1212

Date

Daytime Phone #

CR2E034 (9/01)