

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012736

1. Entity Name

KEMPTON TOOL & EQUIPMENT, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90054 034 ***150.00

Principal Place of Business

Mailing Address

200 NORTH PRIMROSE DRIVE
ORLANDO FL 32803

200 NORTH PRIMROSE DRIVE
ORLANDO FL 32803

2. Principal Place of Business

596 MORNING DOVE CIR

3. Mailing Address

PO BOX 161939

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE MARY FL

City & State

ALTAMONTE SPRINGS FL

Zip

32746

Country

USA

Zip

32716

Country

USA

4. FEI Number

E-59-3648264

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOON, WALTER R
200 NORTH PRIMROSE DRIVE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

KEITH J KEMPTON

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

596 MORNING DOVE CIR

City

LAKE MARY

FL

Zip Code

32746

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)

24 MAR 2001

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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

24 MAR 01

Date

407688 1871

Daytime Phone #

CR2E034 (10/00)