

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000031671**1. Entity Name
KEVIN S KILLOUGH & CO INC.Principal Place of Business
288 POE AVE.
N FT MYERS FL 33917Mailing Address
288 POE AVE.
N FT MYERS FL 339172. Principal Place of Business
298 HUBBARD AVE3. Mailing Address
298 HUBBARD AVESuite, Apt. #, etc.
SUITE CSuite, Apt. #, etc.
SUITE CCity & State
N FT MYERS FLCity & State
N FT MYERS FLZip
33917

Country

Zip
33917

Country

4. FEI Number
65-0996791Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**KILLOUGH KEVIN S**
288 POE AVE.
N FT MYERS FL 33917**7. Name and Address of New Registered Agent**Name
KILLOUGH KEVIN S
Street Address (P.O. Box Number is Not Acceptable)
298 HUBBARD AVE
SUITE C
City
N FT MYERS FL Zip Code
33917

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 **KEVIN S KILLOUGH****09/20/2001**

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 State10. 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CR YAMPOLSKI ALEXI CR 4510 N KEY DRIVE N FT MYERS FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BYRD JAMES ATREAS 7849 SUNCOAST DRIVE N FT MYERS FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KILLOUGH JACKIE SSEC 298 HUBBARD AVE N FT MYERS FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TYLER DAVID EVP 13950 A ORANGE RIVER BLVD FT MYERS FL 33905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILLOUGH KEVIN SD 288 POE AVE. N FT MYERS FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Kevin S Killough**D****09/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)