

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90503 012 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000033283**

1. Entity Name

KCD, INC.

671145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10538 PELICAN DR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

Zip

33414

Country

Zip

Country

4. FEI Number

65-1012964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **KENNETH DYRSY**

Street Address (P.O. Box Number is Not Acceptable)
10538 PELICAN DRIVE

City **WELLINGTON**

FL

Zip Code

33414

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT**
NAME **KENNETH DYRSY**
STREET ADDRESS **10538 PELICAN DRIVE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not comply with the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Kenneth Dyrsy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 561-795-9193

CR2E034B (12/01)