

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039321

1. Entity Name

K & M CONSTRUCTION, INC.

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

05-16-2001 90234 025 ***150.00

Principal Place of Business
2860 KIRBY AVE., N.E., STE. 17
PALM BAY FL 32905

Mailing Address
2860 KIRBY AVE., N.E., STE. 17
PALM BAY FL 32905

80056826



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3643607

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENRY KOEGEL, CHARLES
2593 HWY A1A
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name: Charles Henry Koegel
Street Address (P.O. Box Number is Not Acceptable): 5205 Palmetto Drive
Melbourne Beach
City: FL Zip: 32951

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENRY KOEGEL, CHARLES	
STREET ADDRESS	2593 HWY A1A	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTHONY MONARCHY, JAMES	
STREET ADDRESS	1053 HAMMACHER AVE SW	
CITY-ST-ZIP	PALM BAY FL 32908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Henry Koegel	
STREET ADDRESS	5205 Palmetto Drive	
CITY-ST-ZIP	Melbourne Beach FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Charles H. Koegel 01-08-01 (321) 9521869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)