

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044046

1. Entity Name  
K-2 CONCRETE CUTTING, INC.

3/21

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90033 044 \*\*\*150.00

Principal Place of Business  
~~3912 BALLINORE PLACE~~  
~~GOTHA FL 34734~~  
Bay Coast Center Ste 110  
9406 E. U.S. Hwy 92  
Tampa FL 33610

Mailing Address  
~~3912 BALLINORE PLACE~~  
~~GOTHA FL 34734~~  
Bay Coast Center Ste 110  
9406 E. U.S. Hwy 92  
Tampa FL 33610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>POOLE, WILLIAM F-IV</del> <del>200 EAST ROBINSON ST., NO 1180</del> <del>ORLANDO FL 32801</del> Kenneth R. Kelzer 3912 Ballinore place Gotha, FL 34734		Name: Kenneth R. Kelzer Street Address (P.O. Box Number is Not Acceptable) Bay Coast Center, Suite 110 9406 E. U.S. Hwy 92 City: Tampa, FL 33610 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: *Kenneth R. Kelzer*  
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 3-19-01

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELZER, KENNETH R 3912 BALLINORE PLACE GOTHA FL 34734 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Kenneth R. Kelzer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-01 813-927-5565

CR2E034 (10/00)