

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90235 032 ***550.00

DOCUMENT # P00000049236

1. Entity Name
KOTOL, INC.

Principal Place of Business

~~111 2ND AVENUE N.E. #610~~
ST. PETERSBURG FL 33701

Mailing Address

POST OFFICE BOX 1139
ST. PETERSBURG FL 33731-1139

2. Principal Place of Business

2816 BEACH BLVD, S
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1139
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ST PETERSBURG FL

Zip
33707

Country
US

City & State
ST PETERSBURG FL

Zip
33731-1139

Country
US

4. FEI Number
59-3647398

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KEATON, KAREN S
~~111 2ND AVENUE N.E. #610~~
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2816 BEACH BLVD, S
 City
ST PETERSBURG FL Zip Code
33707

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, 2002 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 ☐ Delete
 NAME
KEATON, KAREN S
 STREET ADDRESS
~~111 2ND AVENUE N.E. #610~~
 CITY-ST-ZIP
ST. PETERSBURG FL 33701

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS
P.O. BOX 1139
 CITY-ST-ZIP
ST PETERSBURG, FL 33731-1139

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
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 NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

KEATON, KAREN S
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/27/02 727/822-2202

CR2E034 (9/01)