

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063346

1. Entity Name

KAINE METALWORKS, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90068 050 ***150.00

Principal Place of Business

2141 MINORCAN ST.
MIDDLEBERG FL 32068

Mailing Address

P.O. BOX 173
DRS. INLET FL 32030-0173

00034331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2141 Minorcan St.

3. Mailing Address

P.O. Box 173

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Middleburg, FL

City & State

DRS. Inlet, FL

4. FEI Number

59-3557488

Applied For

Not Applicable

Zip

32068

Country

USA

Zip

32030-0173

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTWRIGHT, BRIAN
2141 MINORCAN ST.
MIDDLEBERG FL 32068

Name

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

City

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CARTWRIGHT, BRIAN
2141 MINORCAN ST.
MIDDLEBERG FL 32068 ☐ Delete

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brian Cartwright

3-9-01

904-219-2116

CR2E034 (10/00)