

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 MAR 28 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 64601

1. Entity Name

KD T Investments, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5810 N. Monroe St

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32303

Country

Lea

Zip

Country

4. FEI Number

59-3736001

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kevin Trim

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

5810 N. Monroe St. Suite 400

City

Tallahassee

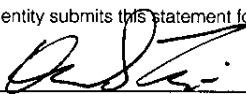
FL

Zip Code

32303

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



Kevin S. Trim

3/28/02

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 NAME STREET ADDRESS CITY-ST-ZIP	President Deborah A. Trim 5810 N. Monroe St. Suite 400 Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Kevin G. Trim 5810 N. Monroe St. Suite 400 Tallahassee, FL 32303
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



Kevin S. Trim

3/28/02

850-54-2192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)