

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90658 048 ***150.00

DOCUMENT # P00000064778

1. Entity Name

KPC, INC.

Principal Place of Business

Mailing Address

**679 BIRGHAM PLACE
 LAKE MARY FL 32746**

**679 BIRGHAM PLACE
 LAKE MARY FL 32746**

2. Principal Place of Business

1008 HARBOR HILL STREET

3. Mailing Address

1008 HARBOR HILL STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A0038253

DO NOT WRITE IN THIS SPACE

City & State

WINTER GARDEN FL

City & State

WINTER GARDEN FL

4. FEI Number

59-3662948

Applied For

Not Applicable

Zip

34787

Country

USA

Zip

34787

Country

USA

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

PAUL JACOBS

**1008 HARBOR HILL STREET
 WINTER GARDEN FL 34787**

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

Paul Jacobs

PAUL JACOBS, PRESIDENT

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 **PRESIDENT/DIRECTOR** ☐ Delete
 NAME **PAUL JACOBS**
 STREET ADDRESS **1008 HARBOR HILL STREET**
 CITY - ST - ZIP **WINTER GARDEN FL 34787**

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

TITLE ☐ Delete
 NAME
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 CITY - ST - ZIP

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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:

Paul Jacobs

PAUL JACOBS, PRESIDENT

DATE

3/18/01

407-905-2637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #