

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90439 010 ***150.00

DOCUMENT # **P00000064989**

1. Entity Name

HOBY & LAYNA KIGHT, INC.

DO NOT WRITE IN THIS SPACE

671392

2. Principal Place of Business

17490 S. HWY. 475

Suite, Apt. #, etc.

3. Mailing Address

17490 S. HWY. 475

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUMMERFIELD, FL

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SUMMERFIELD, FL

4. FEI Number

65-1033777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HOBY J. KIGHT

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

17490 S. HWY. 475

City

SUMMERFIELD

FL

Zip Code
34491

**DO NOT WRITE
IN THIS SPACE**

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)

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
P	KIGHT, HOBY J.	17490 S. HWY. 475	SUMMERFIELD, FL 34491
VST	KIGHT, LAYNA B.	17490 S. HWY. 475	SUMMERFIELD, FL 34491

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02
Date

352-307-2501
Daytime Phone #

CR2E034B (12/01)