

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90138 007 ***158.75

DOCUMENT # P00000069136

1. Entity Name
KC'S COVE, INC.

Principal Place of Business
5212 HOLLAND AVENUE
TEMPLE TERRACE FL 33617

Mailing Address
5212 HOLLAND AVENUE
TEMPLE TERRACE FL 33617

2. Principal Place of Business
2025 E. Fowler Ave.
 Suite, Apt. #, etc.

3. Mailing Address
2025 E. Fowler Ave.
 Suite, Apt. #, etc.

City & State
Tampa, Florida
 Zip
33612
 Country
USA

City & State
Tampa, Florida
 Zip
33612
 Country
USA

4. FEI Number
59-3658833

Applied For
☐ Not Applicable

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

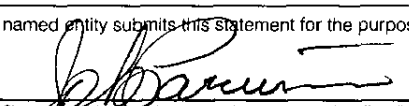
6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **John Allen Parvin Law Office**
 Street Address (P.O. Box Number is Not Acceptable)
28471 U.S. Hwy 19 North
512
 City **Clearwater** FL Zip Code **33761**

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

1/15/01

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

TITLE **PD** ☒ Delete
 NAME **DE LAMA, RONALD A**
 STREET ADDRESS **5212 HOLLAND AVENUE**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **SD** ☒ Delete
 NAME **BECKNER, KAY C**
 STREET ADDRESS **5212 HOLLAND AVENUE**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/S/D** ☐ Change ☒ Addition
 NAME **Donald Montanez**
 STREET ADDRESS **2025 E. Fowler Ave**
 CITY-ST-ZIP **Tampa, FL 33612**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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:

 **Donald Montanez**

1/10/01

Date

813/977-2683

Daytime Phone #

CR2E034 (10/00)