

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90135 002 \*\*\*550.00

0143636 AT

**DOCUMENT # P00000072226**

1. Entity Name

**KAMO ENTERPRISES INC.**



Principal Place of Business

**1815 S PARROT AVE  
OKEECHOBEE FL 34974**

Mailing Address

**1815 S PARROT AVE  
OKEECHOBEE FL 34974**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-1030436**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BARANY, KURT  
286 GRADUER AVENUE NE  
PORT SAINT LUCIE FL 34983**

7. Name and Address of New Registered Agent

Name

**KURT BARANY**

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

**8301 BAYARD ROAD**

City

**Fort Pierce**

FL

Zip Code

**34951**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Kurt J Barany*

**9/3/03**

Signature, typed or printed name of registered agent and title if applicable.

(If not Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **BARANY, KURT**  
STREET ADDRESS **286 GRADUER AVENUE NE**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

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

TITLE **VD** ☒ Delete  
NAME **BARANY, APRIL**  
STREET ADDRESS **286 GRADUER AVENUE NE**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

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

TITLE **SD** ☒ Delete  
NAME **HOLCOMB, JOSEPHINE**  
STREET ADDRESS **286 GRANDUER AVE NE**  
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

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

TITLE **TD** ☒ Delete  
NAME **HOLCOMB, IRVIN S**  
STREET ADDRESS **286 GRANDUER AVE NE**  
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kurt J Barany*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/3/03**  
Date

Daytime Phone #

CR2E034 (4/03)