

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072635

1. Entity Name

K.J.B. HOLDING COMPANY, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90309 004 ***150.00

Principal Place of Business 4325 MENDAVIA DR SEBRING FL 33872	Mailing Address 4325 MENDAVIA DR SEBRING FL 33872
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2. Principal Place of Business	3. Mailing Address P.O. Box 3304
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Sebring Fl.	4. FEI Number 65-1067186	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip 33870	Country HIGHLANDS



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HORNICK, RAYMOND J 4325 MENDAVIA DR SEBRING FL 33872	
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7. Name and Address of New Registered Agent	
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 _____
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	
TITLE	D <input type="checkbox"/> Delete
NAME	HORNICK, RAYMOND J
STREET ADDRESS	4325 MENDAVIA DR / P.O. Box 3304
CITY-ST-ZIP	SEBRING FL 33872
TITLE	President <input type="checkbox"/> Delete
NAME	JASON B HORNICK
STREET ADDRESS	P.O. Box 3304 4729 Mendoza Dr.
CITY-ST-ZIP	Sebring, Fl. 33870
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/28/01

Date

X 863-382-382

Daytime Phone #

CR2E034 (10/00)