

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90074 040 ***550.00

0128342 AT

DOCUMENT # P00000093131

1. Entity Name
K.B.P., INC.

Principal Place of Business
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228

Mailing Address
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip **Country**

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip **Country**



DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ **Applied For** ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
NEWMAN, CHRISTINE
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228

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 *CA Newman*
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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP | PD NEWMAN, CHRISTINE 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **SIGNATURE REQUIRED** *CA Newman* *8/15/01* *407/346/7720*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)