

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093472

1. Entity Name
KIPCO INTERNATIONAL GROUP, INC.

Principal Place of Business
316 WEST CENTRAL AVE STE 505
WINTER HAVEN FL 33880

Mailing Address
316 WEST CENTRAL AVE STE 505
WINTER HAVEN FL 33880

2. Principal Place of Business
755 ORRIN AVE, SW
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 187
Suite, Apt. #, etc.

City & State
WINTER HAVEN, FL
Zip
33880

City & State
AUBURNDALE, FL
Zip
33823

4. FEI Number
59-3678462

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLE, CHRISTOPHER B
316 WEST CENTRAL AVE STE 505
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name
(Same)
Street Address (P.O. Box Number is Not Acceptable)
755 ORRIN AVE, SW
City
WINTER HAVEN FL Zip Code
33880

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 *Christopher Cole* CHRISTOPHER COLE 8/28/01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
D COLE, CHRISTOPHER B ☐ Delete
STREET ADDRESS
316 WEST CENTRAL AVE STE 505
CITY-ST-ZIP
WINTER HAVEN FL 33880

TITLE
NAME
D LINK, H ARTHUR ☐ Delete
STREET ADDRESS
316 WEST CENTRAL AVE STE 505
CITY-ST-ZIP
WINTER HAVEN FL 33880

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
(Same) ☒ Change ☐ Addition
STREET ADDRESS
755 ORRIN AVE, S.W.
CITY-ST-ZIP
WINTER HAVEN, FL 33880

TITLE
NAME
(Same) ☒ Change ☐ Addition
STREET ADDRESS
755 ORRIN AVE, S.W.
CITY-ST-ZIP
WINTER HAVEN, FL 33880

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

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

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

TITLE
NAME
☐ Change ☐ Addition
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: *Arthur Link* 8/28/01 863-299-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90004 016 ***550.00



DO NOT WRITE IN THIS SPACE

U122382 AT

CR2E034 (5/01)