

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90133 034 ***550.00

0125133 AT

DOCUMENT # P00000096131

1. Entity Name
KIMBERLY PLACE OF PORT CHARLOTTE, INC.

LA

Principal Place of Business
26315 NORTHERN CROSS RD.
PORT CHARLOTTE FL 33983

Mailing Address
26315 NORTHERN CROSS RD.
PORT CHARLOTTE FL 33983



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

26315 Northern Cross Rd
 Suite, Apt. #, etc.

RD

City & State

Port Charlotte, FL

Zip
33983

Country

FL

3. Mailing Address

Kimberly Place
 Suite, Apt. #, etc.

26315 Northern Cross Rd
Punta Gorda, FL 33983

Zip

33983

Country

FL

4. FEI Number

05-1083002

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURCHETT, ALMA
26315 NORTHERN CROSS RD.
PORT CHARLOTTE FL 33983

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 \$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 *Owner* ☐ Delete
NAME *Alma Burckett*
STREET ADDRESS *26315 northern cross Rd*
CITY-ST-ZIP *Port Charlotte FL 33983*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Alma Burckett*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-01 *941-625-0030*
 Date Daytime Phone #

CR2E034 (5/01)