

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

03-10-2002 90789 001 \*\*\*300.00

**DOCUMENT # P00000100220**

1. Entity Name

K.C. HEMBREE, BUILDER, INC.

Principal Place of Business

6021 MULLIN ST.  
 JUPITER FL 33458

Mailing Address

6021 MULLIN ST.  
 JUPITER FL 33458

2. Principal Place of Business

7481 150th Court No.

Suite, Apt. #, etc.

Palm Bch Gardens, FL

City & State  
 Palm Bch Gardens, FL

Zip  
 33418

Country  
 Palm Bch

3. Mailing Address

7481 150th Court No

Suite, Apt. #, etc.

Palm Beach Gardens, FL

City & State  
 Palm Beach Gardens, FL

Zip  
 33418

Country  
 Palm Bch



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1056561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HEMBREE, KEVIN C  
 6021 MULLIN ST.  
 JUPITER FL 33458

7. Name and Address of New Registered Agent

Name ~~Hembree, Kevin C~~

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

7481 150th Court North

City ~~Palm Bch Gardens~~ FL

Zip Code  
 33418

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D HEMBREE, KEVIN C 6021 MULLIN ST. JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMBREE, LOIS B 6021 MULLIN ST. JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
7481 150th Court North Palm Bch Gardens, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7481 150th Court North Palm Bch Gardens, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-02 561-748-9904

CR2E034 (9/01)