

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90253 016 ***150.00

DOCUMENT # P00000104459

1. Entity Name

KHEMCON ENTERPRISES, INC.

Principal Place of Business

**4747 W. WATERS AVE., APT.908
TAMPA FL 33614**

Mailing Address

**4747 W. WATERS AVE., APT.908
TAMPA FL 33614**

2. Principal Place of Business

180 NORTH RACETRACK RD.

Suite, Apt. #, etc.

3. Mailing Address

2727 W FLETCHER AVE., APT

Suite, Apt. #, etc.

APT 14G

City & State

OLDSMAR, FL 34677

City & State

TAMPA, FL 33618

Zip

Country

Zip

Country

4. FEI Number

59-3680225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAZELL, KHEMPATTI R.
4747 W. WATERS AVE., APT.908
TAMPA FL 33614**

Name

KHEMPATTI R. HAZELL

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

2727 W. FLETCHER AVENUE APT 14G

City

TAMPA

FL

Zip Code
33618

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HAZELL, KHEMPATTI R**
STREET ADDRESS **4747 W. WATERS AVE., APT.908**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition
NAME **(ADDRESS ONLY)**
STREET ADDRESS **2727 W. FLETCHER AVENUE APT 14G**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)