

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104913

1. Entity Name

KDK MARKETING, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90009 001 ***150.00

0340166

Principal Place of Business

1508 PARK LANE
TAMPA FL 33603

Mailing Address

1508 PARK LANE
TAMPA FL 33603

2. Principal Place of Business

1508 W. Park Lane

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33603

Country

USA

Zip

Country

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

GLUCKMAN, JEREMY E
707 N. FRANKLIN ST., 4TH FL
TAMPA FL 33602

Kimberly Knight
1508 W. Park Lane
Tampa, FL 33603

7. Name and Address of New Registered Agent

Name Kimberly Knight

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

1508 W. Park Lane

City Tampa

FL

Zip Code 33603

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

4-20-2001

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

TITLE DPST
NAME KNIGHT, KIMBERLY D
STREET ADDRESS 1508 W. PARK LANE
CITY-ST-ZIP TAMPA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2001

Date

813-238-2950

Daytime Phone #

CR2E034 (10/00)