

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0139479 AT

DOCUMENT # P00000112545

1. Entity Name
KR SERVICES, INC.



FILED

03 OCT 22 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
210 S. INDIANA AVE.
ENGLEWOOD FL 34223

Mailing Address
7125 ST. JOHNS WAY
UNIVERSITY PARK FL 34201-2334



REINSTATEMENT 03
☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1063545

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ROGERS, ROBERT R
7125 ST. JOHNS WAY
SARASOTA FL 34201-2334

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ROGERS, DWAYNE K
STREET ADDRESS 210 S. INDIANA AVE
CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100023997551
10/22/03--01007--013 **750.00

TITLE VP
NAME ROGERS, ROBERT R
STREET ADDRESS 7125 ST. JOHN'S WAY
CITY-ST-ZIP UNIVERSITY PARK FL 34201-2334 ☐ Delete

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

TITLE ST
NAME ROGERS, MISTY
STREET ADDRESS 210 S. INDIANA AVE.
CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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

Robert R. Rogers 10/13/03 941-474-497

CR2E034 (4/03)