

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112577

1. Entity Name

J. R. KIMZEY, CO.

Principal Place of Business

804 N E 4TH AVENUE  
FT. LAUDERDALE FL 33304

Mailing Address

804 N E 4TH AVENUE  
FT. LAUDERDALE FL 33304

2. Principal Place of Business

2751 NE 15<sup>th</sup> ST.

Suite, Apt. #, etc.

# 302

3. Mailing Address

2751 NE 15<sup>th</sup> ST.

Suite, Apt. #, etc.

# 302

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

U.S.A.

Zip

33304

Country

USA

6. Name and Address of Current Registered Agent

PYE, THOMAS G  
2787 E. OAKLAND PARK BLVD.  
SUITE 301  
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

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

City

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
KEMZEY, JOHN ROBERT  
804 N E 4TH AVENUE  
FT. LAUDERDALE FL 33304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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  
KIMZEY, JOHN ROBERT  
2751 NE 15<sup>th</sup> ST. # 302  
FORT LAUDERDALE, FL 33304 ☒ Change ☐ Addition

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

04/10/01 (984) 563 6881

Daytime Phone #

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90067 046 \*\*\*150.00

80041449



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (10/00)