

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 MAY -6 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Entity Name

P00000112577

J.R. KIMZEY, CO.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

804 NE 4th AVENUE

Suite, Apt. #, etc.

**3. Mailing Address**

804 NE 4th AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

FT. LAUDERDALE, FL 33301

Zip

Country

**City & State**

FT. LAUDERDALE, FL 33301

Zip

Country

**4. FEI Number**

65-1158478

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

**Name**

THOMAS G. PYE, ATTORNEY AT LAW

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

408 W. UNIVERSITY AVE., STE 108B

**City**

GAINSVILLE

**FL**

**Zip Code**  
32601

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD, KIMZEY, JOHN ROBERT  
804 NE 4th AVENUE  
FT. LAUDERDALE, FL 33301

TITLE  
NAME  
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

JOHN ROBERT KIMZEY

5/1/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**MADISON C.P.A., P.A.**

*2012*  
**Certified Public Accountant**

Post Office Box 11012  
Fort Lauderdale, FL 33339

2701 East Oakland Park Boulevard, Suite C  
Fort Lauderdale, FL 33306  
Phone (954) 561-8959  
Fax (954) 561-8190

May 1, 2003

Division of Corporations  
P O Box 1500  
Tallahassee, FL 32302-1500

Re: J.R. Kimzey, Co.  
65-1158478

This letter is in reference to the above named taxpayer and the administrative dissolution of the corporation for nonfiling of annual uniform business report. The taxpayer filed his report but it was returned to him because the federal identification number had not been included. He made the necessary changes and mailed it back to you. The check that was included with the original filing was cashed by your department. A copy of the canceled check can be provided if necessary. We respectfully request that you reinstate the corporation and accept the filing of the annual report for 2003.

If you have any questions, please call.

Thank you,



Thomas M. Madison, Jr.  
CPA, PA

Enc: POA  
2003 UBR  
check # 6121- \$150.00