

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113236

1. Entity Name

K & N REMODELING, INC.

Principal Place of Business

1270 TIMBERIDGE LOOP SMITH  
LAKELAND FL 33809

Mailing Address

1270 TIMBERIDGE LOOP SMITH  
LAKELAND FL 33809

2. Principal Place of Business

1270 Timberidge Loop South 1270 Timberidge Loop South  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33809

Country

Polk

Zip

33809

Country

Polk

4. FEI Number

59-3684300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JORGENSEN, KENNETH  
1720 TIMBERIDGE LOOP SMITH  
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name

Jorgensen Kenneth

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

1270 Timberidge Loop South

City

Lakeland

FL

Zip Code

33809

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 ☐ Delete  
NAME D  
STREET ADDRESS JORGENSEN, KENNETH  
CITY-ST-ZIP 1720 TIMBERIDGE LOOP SMITH  
LAKELAND FL 33809

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: Kenneth Jorgensen Kenneth J Jorgensen 3-28-01 813-815-1754  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90360 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)