

1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113969

1. Entity Name

KEBO Products, Inc

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90059 031 ***150.00

Principal Place of Business

Mailing Address

00056320

2. Principal Place of Business

3204 Redditt Rd

Suite, Apt. #, etc.

3. Mailing Address

3204 Redditt Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3687895

Applied For

Not Applicable

Zip

32822

Country

USA

Zip

32822

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Bonnie A. Basten
3204 Redditt Rd
Orlando, FL 32822

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

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 \$350.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

☐ DeleteTITLE
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STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ AdditionTITLE
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CITY - ST - ZIP☐ Change ☐ AdditionTITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie A. Basten Bonnie A. Basten 4/27/01 407-277-9889

Date

Daytime Phone #

CR2E034 (11/00)