

4/21

FILED
Jun 18, 2002 8:00 am
Secretary of State

04-22-2002 90286 008 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000003344

1. Entity Name

KIM DOBSON, INC.

Principal Place of Business

157 BERMUDA CIRCLE N.
NICEVILLE FL 32578

Mailing Address

157 BERMUDA CIRCLE N.
NICEVILLE FL 32578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3696734

Applied For

Not Applicable

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

DOBSON, KIM
157 BERMUDA CIRCLE N.
NICEVILLE FL 32578

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 renewing)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
 PRESIDENT
 KIM DOBSON
 STREET ADDRESS
 157 BERMUDA CIRCLE NORTH
 CITY-ST-ZIP
 NICEVILLE, FL 32578

TITLE NAME ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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:

KIM DOBSON, President

SIGNATURE REQUIRED

Kim Dobson

Date

850-897-1974

Daytime Phone

CR2034 (9/01)