

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90070 046 ***150.00

DOCUMENT # P01000014267

1. Entity Name
KC PROFESSIONAL INVENTORIES, INC.

Principal Place of Business

**11173 RIDGETOP LN
 JACKSONVILLE FL 32225**

Mailing Address

**11173 RIDGETOP LN
 JACKSONVILLE FL 32225**



2. Principal Place of Business

2336 Bulls Bay Hwy

Suite, Apt. #, etc.

3. Mailing Address

2336 Bulls Bay Hwy

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE F

City & State

JACKSONVILLE FL

4. FEI Number

59-3719240

Applied For

Not Applicable

Zip

32220

Country

DUVAL

Zip

32220

Country

DUVAL

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CRANE, DAVID M
 11173 RIDGETOP LN
 JACKSONVILLE FL 32225**

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 **DAVID M. CRANE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/02

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

TITLE **D** ☐ Delete
 NAME **CRANE, DAVID M**
 STREET ADDRESS **11173 RIDGETOP LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ Delete
 NAME **FLETCHER, JAMES E JR.**
 STREET ADDRESS **2336 BULSBAY HWY.**
 CITY-ST-ZIP **JACKSONVILLE FL 32220**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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

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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

3/10/02

Date

9046416147

Daytime Phone #

CR2E034 (9/01)