

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90074 007 \*\*\*158.75

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**DOCUMENT # P01000016629**

1. Entity Name  
**K & C AUTO CLINIC, INC.**

Principal Place of Business

11276 RIDGE RD  
 LARGO FL 33778-3721

Mailing Address

11276 RIDGE RD  
 LARGO FL 33778-3721

2. Principal Place of Business

6560 85th Ave. N.

Suite, Apt. #, etc.

3. Mailing Address

6560 85th Ave. N.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Pinellas Park, FL

City & State  
 Pinellas Park, FL

4. FEI Number

59-3700943

Applied For  
 Not Applicable

Zip  
 33781

Country  
 USA

Zip  
 33781

Country  
 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MADDOX, JOSEPH E CPA  
 7002 67TH ST N  
 PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name: **Kenny Scofield**  
 Street: **6560 85th Ave. N.**  
 City: **Pinellas Park FL** Zip Code: **33781**

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: *Kenny Scofield*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-24-02  
 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	SCOFIELD, KENNETH W	11276 RIDGE RD	LARGO FL 33778-3721	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Kenneth W. Scofield	6560 85th Ave N.	Pinellas Park, FL 33781	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowerments.

SIGNATURE: *Kenneth Scofield*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kenneth Scofield** 1-24-02 727-546-8055  
 Date Daytime Phone #

CR2E034 (9/01)