

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90144 020 ***150.00

DOCUMENT # P01000019568

1. Entity Name
K B REMODELING, INC.

Principal Place of Business Mailing Address
~~2650 NE 52ND ST.~~ ~~2650 NE 52ND ST.~~
~~LIGHTHOUSE POINT FL 33064 7052~~ ~~LIGHTHOUSE POINT FL 33064 7052~~

2. Principal Place of Business 3. Mailing Address
2151 NE 68 ST #210 **2151 NE 68 ST #210**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FT LAUDERDALE FL **FT LAUDERDALE FL**
 Zip Country Zip Country
33308 **USA** **33308** **USA**

4. FEI Number Applied For
65-1077995 Not Applicable

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

6. Name and Address of Current Registered Agent

~~WILLIAMS, STEPHEN G~~
~~2650 NE 52ND ST.~~
~~LIGHTHOUSE POINT FL 33064 7052~~

7. Name and Address of New Registered Agent

Name: **KAMERON BUSCH**
 Street Address (P.O. Box Number is Not Acceptable):
2151 NE 68 ST #210
 City: **FT LAUDERDALE FL** Zip Code: **33308**

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: *Kameron Busch* **KAMERON BUSCH** DATE: **4-02-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSTD	<input type="checkbox"/> Delete
NAME	BUSCH, KAMERON	
STREET ADDRESS	2151 NE 68TH ST., #210	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kameron Busch* **KAMERON BUSCH, PRES** DATE: **4-02-02** DAYTIME PHONE: **(954) 491-9694**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)