

# 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**

**2151 NE 68 ST #210**

**3. Mailing Address**

**2151 NE 68 ST #210**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**FT LAUDERDALE FL**

**City & State**

**FT LAUDERDALE FL**

**4. FEI Number**

**65-1077995**

**Applied For**

**Not Applicable**

**Zip**

**33308**

**Country**

**USA**

**Zip**

**33308**

**Country**

**USA**

**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**

~~WILLIAMS, STEPHEN G~~

~~2650 NE 52ND ST.~~

~~LIGHTHOUSE POINT FL 33064 7052~~

**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**

**4-02-02**

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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**

**4-02-02**

**(954) 991-9694**

Date

Daytime Phone #

CR2E034 (9/01)