

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90122 039 \*\*\*150.00

**DOCUMENT #** P01000020947  
**1. Entity Name**  
**KBM & ASSOCIATES, INC**

**Principal Place of Business**  
**POST OFFICE BOX 42201**  
**KISSIMMEE FL 34747-2201**  
**P.O. Box 62107**  
**Fort Myers, FL 33907**

**Mailing Address**  
**POST OFFICE BOX 42201**  
**KISSIMMEE FL 34747-2201**  
**PO Box 62107**  
**Fort Myers, FL 33907**

**2. Principal Place of Business**  
**13270 Corbel Circle**  
**Suite, Apt. #, etc.** 1712

**3. Mailing Address**  
**P.O. Box 62107**  
**Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

**City & State** Fort Myers FL **City & State** Fort Myers FL

**Zip** 33907 **Country** Lee **Zip** 33906-2107 **Country** Lee

**4. FEI Number** 56-2170508 **Applied For** ☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
**SIMPSON, LINDA E**  
**278 CELEBRATION BLVD**  
**CELEBRATION FL 34747**  
**13270 Corbel Circle**  
**#1712**  
**Fort Myers, FL 33907**

**7. Name and Address of New Registered Agent**  
**Name** Robert A Simpson  
**Street Address (P.O. Box Number is Not Acceptable)** 13270 Corbel Circle #1712  
**City** Fort Myers **FL** **Zip Code** 33907

**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** Linda Simpson (Treasurer) **DATE** 3-11-02

(NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **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	
<b>TITLE</b> President <input type="checkbox"/> Delete	<b>NAME</b> Robert A. Simpson	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 13270 Corbel Circle #1712	<b>CITY-ST-ZIP</b> Ft. Myers, FL 33907	<b>STREET ADDRESS</b>	
<b>TITLE</b> Treasurer/Sec. <input type="checkbox"/> Delete	<b>NAME</b> Linda E. Simpson	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 13270 Corbel Circle #1712	<b>CITY-ST-ZIP</b> Ft. Myers, FL 33907	<b>STREET ADDRESS</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** Linda Simpson **DATE** 3-11-02 **Daytime Phone #** 941-565-2941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)