

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

04-04-2002 90088 001 \*\*\*150.00

**DOCUMENT # P01000029525**

1. Entity Name

**K. C. ENTERPRISES, INC.**

Principal Place of Business

**1093 ARBOR LANE  
JACKSONVILLE FL 32207**

Mailing Address

**1093 ARBOR LANE  
JACKSONVILLE FL 32207**

2. Principal Place of Business

**1515 Atlantic Blvd.**

3. Mailing Address

**1515 Atlantic Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Jacksonville, FL.**

**Jacksonville, FL.**

City & State

City & State

DO NOT WRITE IN THIS SPACE



4. FEI Number

Applied For

☒ Not Applicable

Zip

**32207**

Country

**DUAL**

Zip

**32207**

Country

**DUAL**

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

**CHRISTEN, KIMBERLY  
1093 ARBOR LANE  
JACKSONVILLE FL 32207**

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

*Kimberly Christen* **Kimberly Christen - President**

**3.29.02**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CHRISTEN, KIMBERLY</b>	
STREET ADDRESS	<b>1093 ARBOR LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

*Kimberly Christen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3.29.02**

Date

**904.396.4000**

Daytime Phone #

CR2E034 (9/01)