

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90273 046 ***158.75

DOCUMENT # P01000032828

1. Entity Name
KW HOMES AND INVESTMENTS, INC.



Principal Place of Business
11408 PALM PASTURE DRIVE
TAMPA FL 33635
US

Mailing Address
11408 PALM PASTURE DRIVE
TAMPA FL 33635
US



2. Principal Place of Business
5914 N. TAMPA ST.
Suite, Apt. #, etc.

3. Mailing Address
5914 N. TAMPA ST
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number 59-3706993

☒ Applied For
☐ Not Applicable

Zip
33604

Country

Zip
33604

Country

Hillsborough

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, KAREN
11408 PALM PASTURE DRIVE
TAMPA FL 33635

Name MIKE LAMONT
Street Address (P.O. Box Number is Not Acceptable)
5914 N TAMPA ST
City TAMPA FL Zip Code 33604

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME WILLIAMS, KAREN M
STREET ADDRESS 11408 PALM PASTURE DRIVE
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME LAMONT, MIKE
STREET ADDRESS 11408 PALM PASTURE DRIVE
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Change ☐ Addition
NAME MIKE LAMONT
STREET ADDRESS 5914 N TAMPA ST
CITY-ST-ZIP TAMPA FL 33604

TITLE D ☐ Delete
NAME JOHNSON, EDWARD
STREET ADDRESS 11408 PALM PASTURE DRIVE
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-6793144

CR2E094 (10/02)