

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90417 011 ***150.00

DOCUMENT

1. Entity Name

K.R.ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

47 TILLIS STREET

Suite, Apt. #, etc.

3. Mailing Address

47 TILLIS STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ARCADIA, FLORIDA

Zip

34266

Country

DWSOTO

City & State

ARCADIA, FLORIDA

Zip

34266

Country

DESOTO

4. FEI Number

59-3753952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MITCHELL LEE WATSON, SR.

Street Address (P.O. Box Number is Not Acceptable)

47 TILLIS STREET

City

ARCADIA

FL

Zip Code
34266

**DO NOT WRITE
IN THIS SPACE**

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

Mitchell Lee Watson, Sr.

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/ TREASURER ZONDRA WATSON 47 TILLIS STREET ARCADIA, FLORIDA 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT/ SECRETARY TRAVIS D. WATSON, SR. 47 TILLIS STREET ARCADIA, FLORIDA 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Zondra Watson President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

863 993-3752

Daytime Phone #

CR2E034B (12/01)