

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

07-24-2002 90189 047 ***150.00

DOCUMENT # P01000094154

1. Entity Name

KKB INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1069 N. MILITARY TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W. P.B.

City & State

Zip

33417

Country

Zip

Country

4. FEI Number

651139401

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

40912

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: SHIRLEY BLACKMANStreet Address (P.O. Box Number is Not Acceptable)
6801 NW 6 CTCity Margate

FL

Zip Code
33063

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 SHIRLEY BLACKMAN VP

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

(NOTE: Registered Agent signature required when reinstating)

7/17/02

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 State10. 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 KURT BLACKMAN 6801 NW 6 CT MARGATE, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SHIRLEY BLACKMAN 6801 NW 6 CT MARGATE FL 33063	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: SHIRLEY BLACKMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment #

KKB INC

40912 [REDACTED]
1069 N MILITARY TRAIL
WPB FL 33351

#P01000094154
561-5640-7999
Blackman650@cs.com

July 17, 2002

KKB INC
1069 N MILITARY TRAIL
WPB FL 33417

Dear Sir/ Madam,

Enclose is the amount \$150.00. We regretfully apologize that we are late
Making this payment, however we had not received the forms and it had only come to my
Attention in the last couple of weeks. Please accept the amount of \$150.00 and waive any
Late fees applicable.

Thank you for any consideration in this matter.


Signature
Shirley Blackman