

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90136 023 ***150.00

DOCUMENT # P01000098408

1. Entity Name
K & A INVESTMENTS OF TAMPA BAY, INC.

Principal Place of Business

**7624 DOLONITA DR.
 TAMPA FL 33615**

Mailing Address

**7624 DOLONITA DR.
 TAMPA FL 33615**

2. Principal Place of Business

3. Mailing Address

3804 Kimball Ave
 Suite, Apt. #, etc.

3804 Kimball Ave
 Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

33614 Hillsborough
 Zip Country

33614 Hillsborough
 Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3749624

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERRING, ROBERT A
 7624 DOLONITA DR.
 TAMPA FL 33615**

7. Name and Address of New Registered Agent

Name Robert A. Herring
Street Address (P.O. Box Number is Not Acceptable)
3804 Kimball Ave
City Tampa FL Zip Code 33614

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

Robert A. Herring

04/19/02

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HERRING, ROBERT A	
STREET ADDRESS	7624 DOLONITA DR.	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	IRIZARRY, JANNETTE	
STREET ADDRESS	7624 DOLONITA DR.	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert A. Herring	
STREET ADDRESS	3804 Kimball Ave	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANNETTE IRIZARRY	
STREET ADDRESS	3804 Kimball Ave	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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:

Robert A. Herring

04/19/02

813-546-7622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #