

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90128 045 ***150.00

DOCUMENT # P01000102677

1. Entity Name
K-RON CONSTRUCTION OF CENTRAL FLORIDA, INC.



Principal Place of Business

~~1222 MONTEE LANE~~
~~LAKELAND FL 33811~~

Mailing Address

~~PO BOX 5108~~
~~LAKELAND FL 33807-5108~~

2. Principal Place of Business

1245 Vista Hills Drive
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5648
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number **59-3750969**

Applied For
Not Applicable

Zip

33813

Country

FL

Zip

33807-5648

Country

FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINKLEY, RONALD L JR.
1245 VISTA HILLS DRIVE
ORLANDO FL 32813

7. Name and Address of New Registered Agent

Name
Ronald L Hinkley Jr President
Street Address (P.O. Box Number is Not Acceptable)
1245 Vista Hills Drive
City
Lakeland FL Zip Code
33813

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

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

(NOTE: Registered Agent signature required when reinstating)

03/16/03
DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
HINKLEY, RONALD L JR.
PO BOX 5648
LAKELAND FL 33807-5648

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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☐ Change ☐ Addition

12. 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 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

03/16/03 (863) 559-4257
Date Daytime Phone #

CR2E034 (10/02)