## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** P02000016265 DOCUMENT #

1. Entity Name

Principal Place of Business

4535 LAKE CALABAY DR ORLANDO FL 32831

FC KINDER COMPANY, INC.



Mailing Address 4535 LAKE CALABAY DR

ORLANDO FL 32831

2. Principal F	Place of Busin	ess	3. Mailing Address				i 1001100) (1) 60110 (1 <del>1</del> 011 021	00    <del> </del>   0     <b>  </b> 9  0	11 <b>410 6</b> 1110 11010	1111) <b>1</b> 231 (1111	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number \ -04-360247	9	<u> </u>	plied For t Applicable	
Zip		Country	Zip	. 1	Country		5. Certificate of Status Desire	ed 🔲	\$8.75 Add		
	and Address of Current	Registered	Agent			7. Name and Address of No	w Registered	Agent			
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145						Name Frank Kinder Street Address (P.O. Box Number is Not Acceptable)  4535 Lake Calabay Dr  City Orland City Orlan					
				<del></del>		, , -, , ,	W / F /		- 1328	3/	
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 challgations of registered agent.  SIGNATURE: Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							9. Election Campaign			O May Be	
Make Check Payable to Florida Department of State  Trust Fund Contribution.  Added to Feet										10 1665	
10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KINDER, F 4535 LAKE ORLANDO	CALABAY DR		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KINDER, C 4535 LAKE ORLANDO	CALABAY DR		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	د شدن ۱۰ منا	سنجي مستقال پر خه چه ۱۳۳۳ می و د	**************************************	Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		- 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 197	-	T Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE		;		☐ Delete	TITLE				☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90143 011 \*\*\*150.00

**FILED**