

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000085662

1. Entity Name
KIMBROUGH CORPORATION



Principal Place of Business
320 N.E. 7TH AVENUE
FORT LAUDERDALE FL 33301

Mailing Address
320 N.E. 7TH AVENUE
FORT LAUDERDALE FL 33301

2. Principal Place of Business
8663 NW 50th Drive
Suite, Apt. #, etc.

3. Mailing Address
8663 NW 50th Drive
Suite; Apt. #, etc.

City & State
CORAL SPRINGS, FL.
Zip 33065

City & State
CORAL SPRINGS, FL.
Zip 33065

X
9/10/03 90053 005 \$150.00
 CHECK HERE IF MAKING CHANGES

4. FEI Number
51-0419352

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FIELD, MARION A
320 N.E. 7TH AVENUE
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8663 NW 50th DRIVE
City CORAL SPRINGS FL Zip Code 33065

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) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 D Delete
NAME FIELD, MARION A
STREET ADDRESS 320 N.E. 7TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME FIELD, MARION A
STREET ADDRESS 8663 NW 50th DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE D Delete
NAME FIELD, PETER H
STREET ADDRESS 320 N.E. 7TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE Change Addition
NAME FIELD, PETER H
STREET ADDRESS 8663 NW 50th DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Marion A. Field* 9/4/03 717-8031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED
12/27/00

AV

CR2E034 (4/03)