2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90183 031 ***150.00

DOCUMENT# **P02000117783**

1. Entity
K & B TRUST SERVICES CORP.

70056519

Principal Place of	**Mailing**
7524 SEURAT STREET # 102 ORLANDO, FL 32819	7524 SEURAT STREET # 102 ORLANDO, FL 32819

☐ **CHECK HERE IF MAKING CHANGES**

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: USA	Zip / Country: USA

4. FEI Number 47-0894693 ☐ Applied For ☐ Not Applicable

5. Certificate of Status ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIMA, JOSILMA F
7524 SEURAT STREET # 102
ORLANDO, FL 32819

7. Name and Address of Now Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____
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
Make Check Payable to Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** may Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPVT LIMA, JOSILMA F 7524 SEURAT STREET # 102 ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 qualified 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: _____ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date