

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0147479 AB

DOCUMENT # P02000122100

1. Entity Name
KEMCO SOUTH, INC.



FILED

03 OCT 15 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2400 LAKE ORANGE DRIVE
100
ORLANDO FL 32837

Mailing Address
115 ARBORETUM DR.
NORTH BARRINGTON IL 60010

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

32-0042048

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



REINSTATEMENT

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCOY, NANCY
2400 LAKE ORANGE DRIVE
100
ORLANDO FL 32837

Name

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

200023821642

10/15/03--01062--021 **758.75

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. 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

750.00

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 P
NAME MCCOY, PATRICK J
STREET ADDRESS 115 ARBORETUM DRIVE
CITY-ST-ZIP NORTH BARRINGTON IL 60010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME TYREE, DONALD J
STREET ADDRESS 8380 W. WINDMILL LANE
CITY-ST-ZIP LAS VEGAS NV 89113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick J. McCoy 10/9/03

Date

Daytime Phone #

847-381-6128

CR2E034 (4/03)