

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90007 047 ***550.00

DOCUMENT # P03000108561

1. Entity Name
KUBED, INC.



Principal Place of Business
**5961 SW 7 AVE ROAD
OCALA, FL 34474**

Mailing Address
**5961 SW 7 AVE ROAD
OCALA, FL. 34474**

54062653



2. Principal Place of Business
2370 SW COLLEGE ROAD

3. Mailing Address
2370 SW COLLEGE RD

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.
104

City & State
OCALA FL

City & State
OCALA FL

Zip Country
34474 USA

Zip Country
34474 USA

03122004 Chg-P CR2E034 (10/03)

4. FEI Number
80-0079173

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, DAVID A
1409 NE 22 AVE
OCALA, FL 34470**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KRIETEMEYER, MARTHA	
STREET ADDRESS	5961 SW 7 AVE ROAD	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRIETEMEYER, LARRY	
STREET ADDRESS	5961 SW 7 AVE ROAD	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEISHER ER, KAY	
STREET ADDRESS	5961 SW 7 AVE ROAD	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, KAREN	
STREET ADDRESS	5961 SW 7 AVE ROAD	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fleischaker, Kay	
STREET ADDRESS	2020 SE 15TH LANE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, KAREN	
STREET ADDRESS	2020 SE 15TH LANE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kay Fleischaker

7/12/04 (352) 237-2204



Division of Corporations

2004 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P03000108561
Business Entity Name	KUBED, INC.
Original File Date	09/29/2003

FEI Number

Principal Address 5961 SW 7 AVE ROAD
OCALA, FL 34474

Mailing Address 5961 SW 7 AVE ROAD
OCALA, FL 34474

Registered Agent DAVID A WILSON
1409 NE 22 AVE
OCALA, FL 34470 US

Officer/Director Name And Address

D
MARTHA KRIETEMEYER
5961 SW 7 AVE ROAD
OCALA, FL 34474

D
LARRY KRIETEMEYER
5961 SW 7 AVE ROAD
OCALA, FL 34474

D
KAY FLEISHER ER
5961 SW 7 AVE ROAD
OCALA, FL 34474

D

Attachment

KAREN COX
5961 SW 7 AVE ROAD
OCALA, FL 34474

54062653
P03000108561

Continue

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