

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
34474

Country
USA

Zip
34474

Country
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

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

7. Name and Address of New 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. 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
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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	<u>P03000108561</u>
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

Sunbiz Home Page

Public Access Help