

2008

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90060 002 ***150.00

DOCUMENT #

1. Entity Name

P06000145929

KONGO, INC.

DO NOT WRITE IN THIS SPACE

40111285

2. Principal Place of Business

3. Mailing Address

5539 NW CORDREY ST.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

30-0392053

Applied For

Not Applicable

PORT ST LUCIE FL
Zip

City & State

Zip

Country

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

34986

ST LUCIE COUNTY

DO NOT WRITE
IN THIS SPACE

7. Name of Current Registered Agent

Name

CARL SPENCE

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

5539 NW CORDREY ST

City

PORT ST LUCIE

FL

Zip Code
34986

8. The above named agent submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/8/08

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / DIRECTOR CARL SPENCE 5539 NW CORDREY STREET PORT ST LUCIE, FL 34986	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE
IN THIS SPACE

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 required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

CARL SPENCE PRES.

1 718-216-8175

ING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40111285

June 8, 2008

Kongo, Inc.
5539 NW Cordrey Street
Port St Luic, FL

State of Floirda
Division of Corporations
Box 6327
Tallahassee, Fl 32314

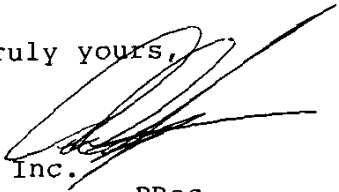
P06000145929

30-0392053

To Whom it May Concern:

We never received the annual report
renewal in the mail. We were told you would rescind the ,
penalty. I have enclosed \$ 150.00 Thank you.

Very truly yours,



Kongo, Inc.
Carl Spence, Pres.