## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P06251 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** KEST, INC. 01-19-2000 90297 039 \*\*\*150.00 Principal Place of Business Mailing Address 2331 SPRINGS LANDING BLVD. 2331 SPRINGS LANDING BLVD. LONGWOOD FL 32779-3706 LONGWOOD FL 32779 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 74-0004350 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERIO, SUZANNE K. Street Address (P.O. Box Number is Not Acceptable) 2331 SPRINGS LANDING BLVD. LONGWOOD FL 32779 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE ☐ Change Addition ☐ Delete TITLE SERIO, SUZANNE K. NAME NAME STREET ADDRESS STREET ADDRESS 2331 SPRINGS LANDING CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE SERIO, THOMAS G. NAME STREET ADDRESS STREET ADDRESS 2016 TED HINES DR. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE SERIO. TAMARA S. NAME NAME STREET ADDRESS 1393 S RIDGELAKE CIRCLE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LONGWOOD FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE SERIO. TIMOTHY P. NAME NAME STREET ADDRESS STREET ADDRESS 3509 MOSS POINTE PLACE CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL SD ☐ Delete TITLE ☐ Change ☐ Addition TITLE SERIO, TIFFANY J. NAME NAME STREET ADDRESS STREET ADDRESS 2331 SPRINGS LANDING CITY-ST-ZIP CITY-ST-ZIE LONGWOOD FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

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