2000 UNIFORM BUSINESS REPORT (UBR)

NATURE AND TYPED OR PRINTED NAME OF SIGN

FILED **DOCUMENT # P13761** Feb 28, 2000 8:00 am 1. Entity Name **Secretary of State** KBK, INC. 02-28-2000 90005 036 ***150.00 Principal Place of Business Mailing Address 121 INTERPARK BLVD #1204 121 INTERPARK BLVD #1204 SAN ANTONIO TX 78216-1851 SAN ANTONIO TX 78216-8851 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 74-2326520 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 KREMER, KENNETH L. 2602 BRATTLE LN. **CLEARWATER FL 34621** 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 SIGNATUR FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITI F ☐ Addition TITLE ☐ Delete KREMER, ROBERT M. NAME NAME STREET ADDRESS 121 INTERPARK BLVD #1204 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP SAN ANTONIO TX ☐ Change ☐ Addition ☐ Delete TITLE TITLE KREMER, KENNETH L. NAME NAME STREET ADDRESS 121 INERPARK BLVD. STE 1204 STREET ADDRESS CITY-ST-ZIP SAN ANTONIO TX CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE KREMER, ROBERT M NAME NAME STREET ADDRESS 121 INTERPARK BLVD. 1204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME KEME, KENNETH STREET ADDRESS STREET ADDRESS 3019 KERNY BLVD. CITY-ST-ZIF CITY-ST-ZIP **TAMPA FL 33609** TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered