

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P13761

1. Entity Name  
KBK, INC.

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90003 008 \*\*\*150.00

Principal Place of Business  
121 INTERPARK BLVD #1204  
SAN ANTONIO TX 78216-8851

Mailing Address  
121 INTERPARK BLVD #1204  
SAN ANTONIO TX 78216-8851

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 74-2326520

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

MCVEY-CAGLE, SANORA  
698 RIVIERE RD  
PALM HARBOR FL 34683

Name ROBERT M. KREMER

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

3018 W. KENNEDY BLVD

City TAMPA

FL

Zip Code 33609

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 *Robert M. Kremer* ROBERT M. KREMER, PRESIDENT 2/21/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | PD                           | <input type="checkbox"/> Delete            |
| NAME           | KREMER, ROBERT M.            |  |
| STREET ADDRESS | 121 INTERPARK BLVD #1204     |  |
| CITY-ST-ZIP    | SAN ANTONIO TX               |  |
| TITLE          | VD                           | <input type="checkbox"/> Delete            |
| NAME           | KREMER, KENNETH L.           |  |
| STREET ADDRESS | 121 INTERPARK BLVD. STE 1204 |  |
| CITY-ST-ZIP    | SAN ANTONIO TX               |  |
| TITLE          | TS                           | <input checked="" type="checkbox"/> Delete |
| NAME           | KREMER, ROBERT M             |  |
| STREET ADDRESS | 121 INTERPARK BLVD. 1204     |  |
| CITY-ST-ZIP    | SAN ANTONIO TX               |  |
| TITLE          | VD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | KEME, KENNETH                |  |
| STREET ADDRESS | 3019 KERNY BLVD.             |  |
| CITY-ST-ZIP    | TAMPA FL 33609               |  |
| 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          |  | <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          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert M. Kremer* ROBERT M. KREMER, 2/21/01 (210)490-8383  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)