

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-03-2002 90092 024 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021829

1. Entity Name

K & G BUILDERS OF NORTH FLORIDA INC.

Principal Place of Business

~~4206 HOLLY COURT~~
~~MIDDLEBURG FL 32088~~
~~US~~

Mailing Address

~~C/O DAVID A. KING ATT.~~
~~1416 KINGSLEY AVENUE~~
~~ORANGE PARK FL 32073~~

2. Principal Place of Business

1421 Mahama Bluff

Suite, Apt. #, etc.

3. Mailing Address

1421 Mahama Bluff

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

Green Cove Springs, FL

City & State

Green Cove Springs, FL

4. FEI Number

59-3175918

Applied For

Not Applicable

Zip
32043

Country
USA

Zip
32043

Country
USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, DAVID A
ATTORNEY AT LAW
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name Stephen J. Duval
Street Address (P.O. Box Number is Not Acceptable)
2301 PARK AVE.
Suite 402
City ORANGE PARK FL Zip Code 32073

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

X [Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/28/02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURRIS, KENNETH L. 4206 HOLLY COURT MIDDLEBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURRIS, GAIL D 4206 HOLLY COURT MIDDLEBURG FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1421 Mahama Bluff Green Cove Springs, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1421 Mahama Bluff Green Cove Springs, FL 32043
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-02

DATE

Daytime Phone #

CR2E034 (9/01)