

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035398

1. Entity Name

K.T.A. REALTY, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90234 029 ***150.00

Principal Place of Business

617 PALMETTO AVENUE
MELBOURNE FL 32901
US

Mailing Address

617 PALMETTO AVE
40 E STRAWBRIDGE AVE
MELBOURNE FL 32901-4559

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3186944**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEANS, THOMAS W
1900 S HARBOR CITY BLVD
SUITE 115
MELBOURNE FL 32901

Name

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

City

FL

Zip Code

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

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	TERRY, W. KATHRYN	
STREET ADDRESS	380 FRANKLYN AVENUE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TERRY, MICHAEL	
STREET ADDRESS	380 FRANKLYN AVE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Michael Terry
MICHAEL TERRY

2/25/2000 321-952-7222
Date Daytime Phone #

CR2E034 (9/99)