

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000047341

1. Entity Name

KISBY ENTERPRISES, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90135 025 ***150.00

Principal Place of Business

Mailing Address

12419 KINGS HIGHWAY
LAKE SUZY FL 34266-5974
US

12419 SW COUNTY RD #769
LAKE SUZY FL 34266
US

A0032076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12419 S.W. COUNTY RD #769

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE SUZY

City & State

4. FEI Number

65-0424240

Applied For

Not Applicable

Zip

FL 34266

Country

DE 5070

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

KISBY, ROY A
12419 SW COUNTY RD #769
LAKE SUZY FL 34266

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KISBY, ROY A
13 BUNKER PLACE
ROTUNDA WEST FL 33947

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KISBY, JOY
13 BUNKER PLACE
ROTUNDA WEST FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
33947

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
S. G. H. A. KISBY

Date

MARCH 14, 2000

Daytime Phone #

741-629-2889

CR2E034 (9/99)