

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068201

1. Entity Name

KSM SALES PARTNERS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90151 013 ***150.00

Principal Place of Business

2454 NORTH FORSYTH ROAD
ORLANDO FL 32807
US

Mailing Address

2454 N FORSYTH RD
ORLANDO FL 32792-5912
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7307 Sandscove Ct.

3. Mailing Address

7307 Sandscove Ct.

Suite, Apt. #, etc.

11

City & State

Winter Park FL

Zip

32792

Country

USA

Suite, Apt. #, etc.

11

City & State

Winter Park FL

Zip

32792

Country

USA

4. FEI Number

59-3209452

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

~~PAYMENT, DAWN~~

2454 NORTH FORSYTH ROAD
ORLANDO FL 32807

Name

Richard Copeland

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

631 Palm Springs Dr., Ste 115

City

Altamonte Springs

FL

Zip Code

32701

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	PD	<input type="checkbox"/> Delete
NAME	SUTHERLAND, WILLIAM G	
STREET ADDRESS	200 OVERLOOK RD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCREYNOLDS, DOUGLAS S	
STREET ADDRESS	567 OSCEOLA AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KLEPPE, MITCHELL	
STREET ADDRESS	499 SW 12TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PD Box 3222	
CITY-ST-ZIP	Winter Park FL 32790	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4032 Gilder Rose Place	
CITY-ST-ZIP	Winter Park FL 32792	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas S. McReynolds

Date

4/24/00

Daytime Phone #

(407) 674-7044

CR2E034 (9/99)