

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068201

1. Entity Name

KSM SALES PARTNERS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business
7307 SANDSCOVE CT.

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11

City & State

City & State

WINTER PARK, FL

Zip

Country

Zip

Country

32792

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

RICHARD COPELAND
631 PALM SPRINGS DRIVE, STE. 115
ALTAMONTE SPRINGS, FL 32701

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 not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/10/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
WILLIAM G SUTHERLAND
P307 BOX 3222
WINTER PARK, FL 32790 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
WILLIAM G. SUTHERLAND
7307 SANDSCOVE CT., STE. 11
WINTER PARK, FL 32792 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
DOUGLAS S. MCREYNOLDS
4032 GILDER ROSE PLACE
WINTER PARK, FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
MITCHELL T. KLEPPE
4999SW 12TH AVENUE
BOCA RATON, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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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:

Douglas S. McReynolds

DOUGLAS S. MCREYNOLDS

5/1/01

(407) 679-7044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

658765

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)