

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087349

1. Entity Name

K.K.R. ENTERPRISES, INC.

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90807 029 ***550.00

0454438 AV

Principal Place of Business

1111 BAYSHORE BLVD.
A-12
CLEARWATER FL 33759

Mailing Address

P O BOX 1200
CLEARWATER FL 33759
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3228254

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

STEWART, RENEE CHITTICK
1111 BAYSHORE BLVD A-12
CLEARWATER FL 33759

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. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
CHITTICK, RENEE S
1111 BAYSHORE BLVD #A-12
CLEARWATER FL 33756

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MCARTHUR, G B
433 DRUID ROAD WEST
CLEARWATER FL 33756

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

D
McARTHUR, G.B.
6 BELLEVUE BLVD. STE. 308
BELLEAIR, FL 33756

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:

G.B. McArthur, Director
SIGNATURE REQUIRED

6-28-02 727-441-4986

Date

Daytime Phone #

CR2E034 (9/01)