

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001831

1. Entity Name

KICKLIGHTER CUSTOM HOMES, INC.

FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90127 001 \*\*\*150.00

Principal Place of Business

Mailing Address

13170-58 ATLANTIC BLVD  
STE 317  
JACKSONVILLE FL 32225  
US

4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216-6191

2. Principal Place of Business

3. Mailing Address

9951 ATLANTIC BLVD

9951 ATLANTIC BLVD

Suite, Apt. #, etc.

# 249

Suite, Apt. #, etc.

# 249

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32225

Country

USA

Zip

32225

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N  
4215 SOUTHPOINT BLVD.  
100 NATIONAL FINANCIAL BLDG.  
JACKSONVILLE FL 32216

Name

Steven D. Kicklighter

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

9951 Atlantic Blvd.

# 249

City

Jacksonville

FL

Zip Code

32225

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]*

Signature, typed or printed name of registered agent and if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/00

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	DPST KICKLIGHTER, STEVEN D 630 QUEENS HARBOR BLVD. JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00

Date

Daytime Phone #