

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90034 040 ***150.00

DOCUMENT # P94000014246

1. Entity Name

KA-DE MARCO, INC.

Principal Place of Business

Mailing Address

~~380 REGATTA ST~~
MARCO ISLAND FL ~~33937~~

~~380 REGATTA ST~~
MARCO ISLAND FL 34145-5237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TUCKER, E. GLENN
950 N COLLIER BLVD
SUN BANK CENTRE-SUITE 204
MARCO ISLAND FL 33937



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0494632

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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	PT	<input type="checkbox"/> Delete
NAME	SMITH, DENIS B	
STREET ADDRESS	380 REGATTA ST 197 GULFPORT CT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, KATHY A	
STREET ADDRESS	380 REGATTA ST 197 GULFPORT CT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEVINGTON, CHARLES	
STREET ADDRESS	380 REGATTA ST 197 GULFPORT CT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/20

Date

Daytime Phone #

941-394-6189