

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000027570**1. Entity Name
KFJ, INC.**Principal Place of Business**2140 NE 146TH AVE
SUITE 204
SILVER SPRINGS
34488

FL

US

Mailing Address2140 NE 146 AVE
SUITE 204
SILVER SPRINGS
34488

FL

US

2. Principal Place of Business

8818 SE 19TH AVE. ROAD

3. Mailing Address

8818 SE 19TH AVE. ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OCALA

FL

City & State

OCALA

FL

Zip
34480Country
USZip
34480Country
US**4. FEI Number****59-3236046**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**RANEW THOMAS CJR
2801 SW COLLEGE ROAD SUITE 1

OCALA

33474

US

FL

7. Name and Address of New Registered Agent**Name**

LISTEBARGER BRUCE

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

8818 SE 19TH AVE. ROAD1

City

OCALA

FL**Zip Code**

34480

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 **BRUCE LISTEBARGER****09/05/2001**

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, 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**

| | | |
|----------------|-------------------------|--|
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | KAPP DEBBIE | |
| STREET ADDRESS | 2140 NE 146TH AVE | |
| CITY-ST-ZIP | SILVER SPRINGS FL 34488 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | KAPP JENNIFER A | |
| STREET ADDRESS | 2140 NE 146TH AVE | |
| CITY-ST-ZIP | SILVER SPRINGS FL 34488 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | KAPP VIRGIL E | |
| STREET ADDRESS | 2140 NE 146TH AVENUE | |
| CITY-ST-ZIP | SILVER SPRINGS FL 34488 | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| 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 | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LISTEBARGER BRUCE | |
| STREET ADDRESS | 8818 SE 19TH AVE. ROAD | |
| CITY-ST-ZIP | OCALA FL 34480 | |
| 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: Bruce Listebarger

P

09/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)