

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046836

1. Entity Name
KTI, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90079 022 ***150.00

Principal Place of Business

6906 SW 46TH AVE
GAINESVILLE FL 32608
US

Mailing Address

P. O. BOX 142256
GAINESVILLE FL 32614
US

2. Principal Place of Business

5 Hemlock Circle Track
Suite, Apt. #, etc.

3. Mailing Address

PO Box 831893
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ocala, FL

City & State

Ocala FL

4. FEI Number 59-3252265

Applied For

Not Applicable

Zip

Country

34472

USA

Zip

Country

34483

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KODILLA, JAMES E
6906 SW 46TH AVE
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

James E Kodilla

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

5 Hemlock Circle Track

City

FL

Zip Code

34472

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, 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 DPST
NAME KODILLA, JAMES E
STREET ADDRESS 6906 SW 46TH AVE
CITY-ST-ZIP GAINESVILLE FL 32608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST
NAME Kodilla James E
STREET ADDRESS 5 Hemlock Circle Track
CITY-ST-ZIP Ocala, FL 34472 ☒ Change ☐ Addition

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01 352 261 1556
Date Daytime Phone #

CR2E034 (10/00)