2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055657

1. Entity Name

KD ENTERPRISES OF PINELLAS, INC.



FILED Jul 11, 2000 8:00 am Secretary of State 07-11-2000 90001 006 ***150.00

Principal Plac	e of Business	Mailing Address								
12211 49TH ST	TREET NORTH	12211 49TH STREET NORTH	ł	j						
#1 & 2		#1 & 2								
CLEARWATER FL 33762		CLEARWATER FL 33762-4307		1	•					
IS ,		US								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				- DO NOT-WINE				
City & State		City & State	City & State		4. FEI Number or 0544000 Applied For					
·						65-0514669			Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired		8.75 A		
	8. Name and Address of Currer	nt Registered Agent			=7Name and A	dress of New Rec	istered Ag	ent		
				Name						
ROY	, DEBORA MR STORE 1774		Street Address			(P.O. Box Number is Not Acceptable)				
1221	11 49TH ST: N									
CLE	ARWATER FL 33762									
				City				Zip Co	ide	
	•	·		Ony			FL_			
. The above	named entity submits this statement	for the purpose of changing its	negistere	ed office or registere	ed agent, or both,	in the State of Florid	da.			
	N -4 o a									
SIGNATURE	allow on of	GL								
) (G) W () (C) (L	Signature, typed or printed name of registered age	int antificial if applicable. (NOTE	: Pegistered	s Agent signature required v	when reinstating)		DATE		_	
a This corp	cration is eligible to satisfy its Intangile	FILE NOW!	LFEE.	IS.\$150.00.						
	requirement and elects to do so.		After MAY 1, 2000 Fee will be \$550.00		" - I IO. Electi	on Campaign Fina Fund Contribution	ncing	35.	.00 May Be T	
(See crite	ria on back)	Make Check Payabi	e to De	partment of State	e "Cst	·		71001	04 14 7 003	
1.	OFFICERS AN	D DIRECTORS	12.		ADDITIONS/CH	IANGES TO OFFIC	ERS AND D	PECTO	RS IN 11	
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IAME	ROY, DEBORA M		NAM	E .	•					
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indicated	certify that the information supplied w ton this report or supplemental report	t is true and accurate and that m	w cionat	ure shall bave the sa	ame legal ellect a	s if made under oa	ih: that i am	AN OFFICE	er or director	
of the co	rporation or the receiver or trustee em	powered to execute this report a	as rednir	ed by Chapter 607,	Florida Statutes;	and that my name a	appears in E	Block 11	or Block 12 if	
changeo	or on an attachment wattan audies	a, with disjointed like empowered.			اسد	' · /				
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SIGNAT	UNE:	A STANGER	<u> </u>			/				