UNIFORM BUSINESS REPORT (UBR)

6/20/00-90015-013-$150.00-$150.00

APPROVED AND FILED

Pg 1 of 2

00 JUL 14 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000066394

(R)

1. Entity Name

KYC, INC.

Principal Place of Business

1741 VALENCIA AVENUE
ORMOND BEACH FL 32174

Mailing Address

1741 VALENCIA AVENUE
ORMOND BEACH FL 32174-7241

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip | Country

3. Mailing Address

Suite, Apt #, etc.

City & State

Zip | Country

4. FEI Number 59-3263029 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KYC, JOHANNA
1741 VALENCIA AVE.
ORMOND BEACH FL 32174

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

TITLE	PVT	☐ Delete
NAME	KYC, JOHANNA	
STREET ADDRESS	1741 VALENCIA AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	S	☐ Delete
NAME	HOWARD, BESSY	
STREET ADDRESS	326 CAVANAGH DRIVE	
CITY-ST-ZIP	HOLLY HILL FL 32711	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 all other like empowered

SIGNATURE: [signature] 4/25/00 904-677-6506

7/5/00

Michelle,

I spoke with you on 7/5

My reports were sent on 4/25/00 with my business check.

When my statements came from the bank neither check had cleared. I called and the lady I spoke to said, resend it with a money order. I did.

I just received these letters and spoke to you on 7/5 about it. I'm resending it with another letter. I'm putting them both in the same envelope, (thats what I did to start with.)

T. Ky C