

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078646

1. Entity Name

KISMET, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90036 008 ***550.00

Principal Place of Business

906 W. FAIRBANKS
 ORLANDO FL 32789
 US

Mailing Address

906 W. FAIRBANKS
 ORLANDO FL 32789
 US

2. Principal Place of Business

480 N. ORLANDO AVE

3. Mailing Address

480 N. ORLANDO AVE.

Suite, Apt. #, etc.

SUITE 122

Suite, Apt. #, etc.

SUITE 122

City & State

WINTER PARK FL

City & State

WINTER PARK FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. FEI Number

59-3273991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CULINER, MICHAEL

906 W. FAIRBANKS AVE.

ORLANDO FL 32789

Name

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

480 N. ORLANDO AVE.

SUITE 122

City

WINTER PARK

FL

Zip Code

32789

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☐ Delete
 NAME CULINER, MICHAEL A
 STREET ADDRESS 906 W. FAIRBANKS
 CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 480 N. ORLANDO AVE SUITE 122
 CITY-ST-ZIP WINTER PARK, FL 32789

TITLE STD ☐ Delete
 NAME UNROE, SHELLY A
 STREET ADDRESS 536 W. KING ST.
 CITY-ST-ZIP ORLANDO FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STD

7/28/00

Date

645-2588

Daytime Phone #

CR2E034 (5/00)