

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079305

1. Entity Name

KPW INDUSTRIES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90034 012 ***150.00

Principal Place of Business

Mailing Address

8 ZONAL GERANIUM CT.
PALM COAST FL 32137
US

P.O. BOX 2093
FLAGLER BEACH FL 32136-2093
US

2. Principal Place of Business

3. Mailing Address

1335 N CENTRAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FLAGLER BEACH FL

4. FEI Number 59-3278280

Applied For

Not Applicable

Zip

Country

Zip

Country

32136

USA

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

WILMOT, PATRICIA
8 ZONAL GERANIUM COURT
PALM COAST FL 32137

Name

SAME

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

1335 N CENTRAL AVE

City

FLAGLER BEACH

FL

Zip Code

32136

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME WILMOT, PATRICIA
STREET ADDRESS 8 ZONAL GERANIUM CT.
CITY-ST-ZIP PALM COAST FL

TITLE P ☒ Change ☐ Addition
NAME WILMOT, PATRICIA
STREET ADDRESS 1335 N CENTRAL AVE
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Patricia Wilmot PATRICIA WILMOT

5-1-00

904 439-0701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)