

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080973

1. Entity Name

KEMCO ENTERPRISES, INC.

FILED

00 MAR -1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

200 Aviation Drive North, Suite 9
Naples, FL 34104

2. Principal Place of Business

3. Mailing Address

200 Aviation Drive North 200 Aviation Drive North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 9

Suite 9

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34104

USA

34104

USA

4. FEI Number

65-0537022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Greusel, Jamie B
C/O Berry & Greusel
1104 N. Collier Boulevard
Marco Island, FL 34145 USA

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

Kemal A. Gursoy
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/24/2000

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 D ☐ Delete
NAME Gursoy, Kemal A
STREET ADDRESS 200 Aviation Drive N., Suite 9
CITY-ST-ZIP Naples, FL 34104

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Kemal A. Gursoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/2000

(941) 403-8999

Date

Daytime Phone #

CR2E034 (9/99)