

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 07, 2001 8:00 am
Secretary of State

03-16-2001 90026 015 ***150.00

DOCUMENT # P94000085388

1. Entity Name

K & B ASSOCIATES OF VERO BEACH, INC.

Principal Place of Business

Mailing Address

777 37TH STREET
SUITE 101-B
VERO BEACH FL 32960
US777 37TH STREET
SUITE 101-B
VERO BEACH FL 32960
US**35021**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

114 43rd Avenue S.W.**114 43rd Avenue S.W.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL4. FEI Number **59-3283766**

Applied For

Not Applicable

Zip

32968

Country

Zip

32968

Country

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

**GLENN, GEORGE A
7555 20TH ST
VERO BEACH FL**

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 re-registering)

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, 2001 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	<input type="checkbox"/> Delete
NAME	KARMERIS, KENNETH J	
STREET ADDRESS	435 11TH PL SW	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYERS, O. BRYAN	
STREET ADDRESS	20 DANBURY WALK	
CITY-ST-ZIP	COVINGTON GA 30016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karmeris, Kenneth J	
STREET ADDRESS	4565 8th Street	
CITY-ST-ZIP	Vero Beach, FL 32968	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

561 567-6188

Daytime Phone #

Kenneth J Karmeris 4/3/01
KENNETH J. KARMERIS

CR2E034 (10/00)