

2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 2

0389156

DOCUMENT # P94000087025

1. Entity Name
KRMT, INC.

00 APR 25 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1119 NORTH D STREET
LAKE WORTH FL 33465

1119 NORTH D STREET
LAKE WORTH FL 33462-3883

2. Principal Place of Business

3. Mailing Address

6595 N PLYMOUTH DR
Suite, Apt. #, etc.

6595 N PLYMOUTH DR
Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

65-0540863

Applied For

Not Applicable

Zip

Country

33462

US

Zip

Country

33462

US

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

VAN DER BOGART, MARY L
1119 N. "D" ST
LAKE WORTH FL 33465

Name

VICTOR LERRO

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

2600 N MILITARY MAIL

Suite 230

City

BOCA RATON

FL

Zip Code

33431

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

Victor Lerro VICTOR LERRO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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	<input type="checkbox"/> Delete
NAME	VAN DER BOGART, MARY L	
STREET ADDRESS	1119 N. "D" ST	
CITY-ST-ZIP	LAKE WORTH FL 33465	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DER BOGART, MARY L	
STREET ADDRESS	6595 N PLYMOUTH DR	
CITY-ST-ZIP	LAKE WORTH, FL 33462	
TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN DER BOGART, RICHARD	
STREET ADDRESS	6595 N PLYMOUTH DR	
CITY-ST-ZIP	LAKE WORTH, FL 33462	
TITLE	700003238227	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Victor Lerro* VICTOR LERRO Attorney at Law 4/24/00 561-995-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE

We recommend taking advantage of this plan and please call if you have any questions.

For the majority of my clients who took advantage of this program last year, we ask you to please execute the documents below for this year too.

For your convenience, you may fax this form to us at 561-995-7551 or please mail separately.

Sincerely,

Victor Lerro
Victor Lerro

Please return this entire page

KRMT Inc

☒ Yes, I wish to participate in the Guaranteed Corporation Annual Report Program.

Or

☐ No, I do not wish to participate and I will assume responsibility for the timely filing and payment of this annual report.

Special Power of Attorney

I, Richard VanDer Bogart, President of KRMT Inc, hereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA the right to prepare and sign in the signature area the Florida Department of State Profit Corporation Annual Report on behalf of KRMT Inc..

This Power of Attorney shall become effective immediately, and shall continue until revoked by me in writing.

[Signature]
Signature

Pres.
Title

11-12-99
Date

Richard VanDerBogart
Printed name

KE