

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019119

1. Entity Name
KKW, INC.

Principal Place of Business Mailing Address
7380 NW 162 CT 7380 NW 162 CT
MORRISTON FL 32668 MORRISTON FL 32668
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0565298

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

HANSARD, KANDY K
21 NORTH FIGTREE LANE
PLANTATION FL 33317

Name
KANDY K. HANSARD

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

7380 NW 162ND COURT

City MORRISTON

FL

Zip Code 32668

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 *Kandy K. Hansard*
Signature, typed or printed name of registered agent and title if applicable.

KANDY K. HANSARD
(NOTE: Registered Agent signature required when reinstating)

3-19-2001
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 DPST
NAME HANSARD, KANDY K
STREET ADDRESS 21 N. FIGTREE LANE
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7380 NW 162 CT.
CITY-ST-ZIP MORRISTON FL 32668

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
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: *Kandy K. Hansard* KANDY K. HANSARD PRES. 3-19-01 352-529-0893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 21, 2001 8:00 am
Secretary of State
03-21-2001 90058 026 ***150.00

LU036123



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)