

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023929

1. Entity Name

K.G.M. AGENCIES, INC.

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90074 015 ***150.00

Principal Place of Business

Mailing Address

17715 GULF BLVD UNIT #320
REDINGTON SHORES FL 33708

17715 GULF BLVD UNIT #320
REDINGTON SHORES FL 33708-4231

2. Principal Place of Business

TO Be advised

3. Mailing Address

PO BOX 11184

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CITY & STATE
FORT WAYNE IN.

Zip

Country

Zip
46856 Country
U.S.A.

4. FEI Number

59-3308611

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

BETTS, KEN G
17715 GULF BLVD UNIT #320
REDINGTON SHORES FL 33708

* NEW ADDRESS
(TEMPORARY)
WILL ADVISE

Name

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

City

On my return from overseas BUSINESS TRIP 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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BETTS, KENNETH
17715 GULF BLVD
REDINGTON SHORES FL 33708

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2310 APRIL 00
4/23/00 219 492 7966

CR2E034 (9/99)