

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024408

1. Entity Name
KAPPY KING COLE, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90063 001 ***150.00

Principal Place of Business
T2721 MCGREGOR BLVD.
FORT MYERS FL 33919

Mailing Address
12721 MCGREGOR BLVD.
FORT MYERS FL 33919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12719 McGregor Blvd
Suite, Apt. #, etc.

3. Mailing Address
12719 McGregor Blvd
Suite, Apt. #, etc.

City & State
Ft Myers FL
Zip
33919
Country
Lee

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Ft Myers FL
Zip
33919
Country
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4. FEI Number 65-0572385
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COLE, MARY K
5911 TROPICAL DR
FORT MYERS FL 33919

7. Name and Address of New Registered Agent
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 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, 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLE, MARY K		NAME		
STREET ADDRESS	5911 TROPICAL		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33919		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOEHANE, CARRIE L		NAME		
STREET ADDRESS	1308 BRADFORD RD		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANTIENY, CHARLES B		NAME		
STREET ADDRESS	1214 SOUTHWEST 9TH COURT		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33991		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Mary K Cole 4-4-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)