

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024588

1. Entity Name

KIKO'S TENNIS INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90455 014 ***150.00

Principal Place of Business

4420 FLAGSHIP DRIVE
FORT MYERS FL 33919

Mailing Address

~~11896 QUAIL RUN DR~~
FORT MYERS FL 33908
US

00043537

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

12290 Coconut Creek Ct.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33908

Country
US

4. FEI Number 65-0578378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, JOSE G
~~11896 QUAIL RUN DR~~
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name Castillo, Jose G

Street Address (P.O. Box Number is Not Acceptable)
12290 Coconut Creek Ct.

City Fort Myers

Zip Code
33908

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]*

(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

TITLE PD
NAME CASTILLO, KIKO
STREET ADDRESS ~~11896 QUAIL RUN DR~~
CITY-ST-ZIP FORT MYERS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 12290 Coconut Creek Ct.
Fort Myers, FL 33908

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)