2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

FILED DOCUMENT # P95000033088 Mar 29, 2000 8:00 am **Secretary of State** K & R REAL PROPERTY, INC. 03-29-2000 90032 009 ***150.00 Principal Place of Business Mailing Address 11833 OVERSEAS HIGHWAY 11833 OVERSEAS HIGHWAY MARATHON FL 33050-3040 MARATHON FL 33050 3. Mailing Address 2. Principal Place of Business CULF 312 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0574704 MARATHON, FI Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHARD G. MILLER, ROBERT K Street Address (P.O. Box Number is Not Acceptable 2975 OVERSEAS HIGHWAY MARATHON FL 33050 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. RESTURBLE SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME FORTMANN, RICHARD G STREET ADDRESS STREET ADDRESS 11833 OVERSEAS HWY CITY-ST-ZIP CITY-ST-ZIP MARATHON FL ■ Addition ☐ Change **VPSD** Delete TITLE TITLE NAME NAME FORTMAN, KATHLEEN STREET ADDRESS STREET ADDRESS 11833 OVERSEAS HWY CITY-ST-ZIP CITY-ST-ZIP MARATHION FL . Change Addition TITLE ☐. Delete TITLE . S. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.