## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P95000033099** Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** K & R RETAIL, INC. 03-29-2000 90032 010 \*\*\*150.00 Mailing Address Principal Place of Business 11833 OVERSEAS HIGHWAY 11833 OVERSEAS HIGHWAY MARATHON FL 33050-3040 MARATHON FL 33050 3. Mailing Address 2. Principal Place of Business 712 GOTH ST GULF Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0574713 MARATHON, FL Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHARD FORT MANN Street Address (P.O. Box Number is Not Accepta MILLER, ROBERT K 2975 OVERSEAS HIGHWAY MARATHON FL 33050 City MARATHON 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 PICHARD G. FORTMANN nature, typed or printed name of registered agent and title if applicable 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. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete Change ☐ Addition TITLE FORTMANN, RICHARD G NAME NAME STREET ADDRESS STREET ADDRESS 11833 OVERSEAS HWY CITY-ST-ZIP CITY-ST-ZIP MARATHON FL Change Addition ☐ Delete VTSD TITLE FORTMAN, KATHLEEN NAME STREET ADDRESS STREET ADDRESS 11833 OVERSEAS HWY CITY-ST-ZIP CITY-ST-ZIE MARATHON FL Change ☐ Addition TITLE Delete TITLE 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 [7] Change ☐ Addition Delete 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-7IP

13. Thereby 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: