2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035688 1. Entity Name KIN-KRAFT PAINTING INC.					FILED Feb 07, 2000 8:00 am Secretary of State 02-07-2000 90017 006 ***158.75				
Principal Place of Business 2997 HUNTER FISH CAMP RD. MARIANNA FL 32446		Mailing Address P.O. BOX 959 MARIANNA FL 32447-0959							
2. Principal Place of Business		3. Mailing Address		_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7	DO NOT WRITE	IN THIS SPAC	Æ		
City & State		City & State		4. [59-3311334	-		plied For t Applicable	
Zip	Country	Zip	Country =	5. (Certificate of Status Desired		75 Addi Required		
	6. Name and Address of Current	Registered Agent		7. 1	lame and Address of New Reg	istered Ager	<u>.t</u> _		
			Name	_					
2997	ften, gloria d Hunter fish Camp RD. Ianna fl 32446		Street Addres	s (P.O. B	ox Number is Not Acceptable)				
WIA II	ANNA I E UZTTO		City			FL	Zip Code	• •	
8. The above	named entity submits this statement fo	r the purpose of changing its r	egistered office or regis	tered ag	ent, or both, in the State of Florid	da.			
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature requ	ired when re	pinstati∩g)	DATE		<u> </u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		["] After MAY 1, 200	FEE IS \$150.00 Fee will be \$550.00 to Department of S		10. Election Campaign Finar Trust Fund Contribution.	ncing		May Be to Fees	
11.	OFFICERS AND		12.	AD	DITIONS/CHANGES TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-2IP	PTS KRAFTEN, GLORIA D 2997 HUNTER FISH CAMP RD. MARIANNA FL 32446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
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indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emport or on an attachment with an address.	s true and accurate and that mo owered to execute this report a	v cianatius chail nava th	na cama	legal effect as it made librar da	in' inai Lama	n onicer	or alremar	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: