

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047642

1. Entity Name

KAKARI, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90070 034 ***150.00

Principal Place of Business

Mailing Address

1004 E ATLANTIC AVE
 DELROY BEACH FL 33483

1004 E ATLANTIC AVE
 DELROY BEACH FL 33483-6910
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0590154

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, JACK L
 4479 ASCOT CIRCLE SOUTH
 SARASOTA FL 34235

Name

JACK L CARTER

Street Address (P.O. Box Number is Not Acceptable)

3606 S. OCEAN BLVD

City

Delroy Beach

FL

Zip Code

33487

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, 2000 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 ☐ Delete
 NAME CARTER, JACK L
 STREET ADDRESS 4479 ASCOT CIRCLE SOUTH
 CITY-ST-ZIP SARASOTA FL 34235

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PRES ☐ Delete
 NAME JACK CARTER
 STREET ADDRESS 3606 SOUTH OCEAN BLVD
 CITY-ST-ZIP Delroy Beach FL 33487

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)