2001 UNIFORM BUSINESS REPORT (UBR)

5/24

FILED
Jun 29, 2001 8:00 am
Secretary of State
05-24-2001 90496 004 ***150.00

DOCUMENT # P95000050213

1. Entity Name
KMS CUNSULTING, INC.

N/C 5/12/00

Principal Place of Business	Mailing Address
19221 PINE RUN LANE FORT MYERS, FL, 33712	SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3709 BRAMBLE CT.	3709 BRAMBLE CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. CLOUD, FL	City & State: ST. CLOUD, FL
Zip: 34769 Country: OSCEOLA	Zip: 34769 Country: OSCEOLA

4. FEI Number: 65-0597315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KRISTOPHER FERNANDEZ
705 W. AZEELE ST.
TAMPA, FL. 33606

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MICHAEL STONE	
STREET ADDRESS	3709 BRAMBLE CT	
CITY-ST-ZIP	ST. CLOUD, FL. 34769	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (11/00)

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: Michael Stone MICHAEL STONE 4-28-01 407-498-0804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #