

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90128 015 ***150.00

DOCUMENT # **P95000060483**



1. Entity Name
KITE CONTRACTING, INC.

Principal Place of Business
**4409 FALCON RUN LANE
MIDDLEBURG FL 32068**

Mailing Address
**4409 FALCON RUN LANE
MIDDLEBURG FL 32068**



2. Principal Place of Business
4385 Falcon Run Lane
Suite, Apt. #, etc.

3. Mailing Address
4385 Falcon Run Lane
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Middleburg, FL
Zip
32068
Country
USA

City & State
Middleburg, FL
Zip
32068
Country
USA

4. FEI Number
59-3329928

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KITE, RANDAL W
4409 FALCON RUN LANE
MIDDLEBURG FL 32068**

7. Name and Address of New Registered Agent

Name
Randal W. Kite
Street Address (P.O. Box Number is Not Acceptable)
4385 Falcon Run Lane
City
Middleburg FL Zip Code
32068

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Randal W. Kite**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-12-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003. Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KITE, RANDAL W 4409 FALCON RUN LANE MIDDLEBURG FL 32068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KITE, SHERRY L 4409 FALCON RUN MIDDLEBURG FL 32068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4385 Falcon Run Lane Middleburg, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4385 Falcon Run Lane Middleburg, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03
Date

904-282-8145
Daytime Phone #

CR2E034 (10/02)