

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90021 035 ***550.00

DOCUMENT # P95000066632

1. Entity Name
K & B ENTERPRISES, INC.

LA

Principal Place of Business
13001 BELCHER ROAD
LARGO FL 33773

Mailing Address
12716 KIMBERLY OAKS CIRCLE
LARGO FL 33774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
12019 - 145th ST. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LARGO, FL.

4. FEI Number **59-3331609**

Applied For
 Not Applicable

Zip Country

Zip Country
33774 PINELLAS

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

BYRD, BOBBY D
12716 KIMBERLY OAKS CIRCLE
LARGO FL 33774

Name

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

12019 - 145th ST. N.

City

LARGO

FL

Zip Code

33774

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **BYRD, KATHLEEN T**
 STREET ADDRESS **12716 KIMBERLY OAKS CIRCLE**
 CITY-ST-ZIP **LARGO FL 34644**

TITLE **D** ☒ Change ☐ Addition
 NAME **BYRD, KATHLEEN T.**
 STREET ADDRESS **12019 - 145th ST. N.**
 CITY-ST-ZIP **LARGO, FL. 33774**

TITLE **D** ☐ Delete
 NAME **BYRD, BOBBY D**
 STREET ADDRESS **12716 KIMBERLY OAKS CIRCLE**
 CITY-ST-ZIP **LARGO FL 34644**

TITLE **D** ☒ Change ☐ Addition
 NAME **BYRD, BOBBY D.**
 STREET ADDRESS **12019 - 145th ST. N.**
 CITY-ST-ZIP **LARGO, FL. 33774**

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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:

BOBBY D. BYRD

7-18-01

727-595-4383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)