## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P95000089119

MORRIS, JOHN R.,

8541 N. LAKE DASHA DR.

PLANTATION, FL 33324

Name:

Address:

City-St-Zip:

Entity Name: THE KILPATRICK BUILDING, INC.

FILED Jan 09, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7700 HIGH RIDGE RD 7700 HIGH RIDGE RD BOYNTON BEACH, FL 33462 BOYNTON BEACH, FL 33426 US US **Current Mailing Address: New Mailing Address:** 7700 HIGH RIDGE RD 7700 HIGH RIDGE RD BOYNTON BEACH, FL 33462 US BOYNTON BEACH, FL 33426 US FEI Number: 65-0644784 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STRAWN, JOEL T 54 N.E. FOURTH AVENUE DELRAY BEACH, FL 33483 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition KILPATRICK, HAROLD D, ., SR. Name: Name: 1750 LAKE DR. Address: Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: Title: Title: () Delete () Change () Addition Name: KILPATRICK, MARY, Name: 1750 LAKE DR. Address: Address: DELRAY BEACH, FL 33444 City-St-Zip: City-St-Zip: Title: Title: ASV ( ) Delete ASV (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MORRIS, JOHN R.,

1524 WHITEHALL DRIVE, APT 202

FORT LAUDERDALE, FL 33324

SIGNATURE: JOHN R. MORRIS AS/V 01/09/2002