

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089531

1. Entity Name

K2 DEVELOPMENT, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90116 024 ***150.00

Principal Place of Business

Mailing Address

W. LAUREL ST
200
FL 33607-1816

5021 W. LAUREL ST.
SUITE 200
TAMPA FL 33607-3816
US

2. Principal Place of Business

1715 N. Westshore

3. Mailing Address

1715 N. Westshore

Suite, Apt. #, etc.

Suite 525

Suite, Apt. #, etc.

Suite 525

City & State

Tampa FL

City & State

Tampa FL

Zip
33607

Country

USA

Zip

33607

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3364284

Applied For

Not Applicable

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

KELLY, STEPHEN B
5021 W. LAUREL ST.
#200
TAMPA FL 33607

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) ☐

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KELLY, STEPHEN B
CITY-ST-ZIP 5021 W. LAUREL ST. SUITE 200
TAMPA FL 33607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 1715 N. Westshore, Suite 525
CITY-ST-ZIP Tampa FL 33607

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

813 281 2831

Daytime Phone #

CR2E034 (9/99)