

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093684

1. Entity Name

KCD PRIMITIVES, INC.

Principal Place of Business

415 MAIN ST
COCOA FL 32922
US

Mailing Address

P.O. BOX 38
COCOA FL 32923
03

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3357547

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

DETWILER, DEBORAH C
415 MAIN ST
COCOA FL 32922

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
DETWILER, KENNETH C
27 WESTVIEW LANE
COCOA FL 32931 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
459 Carmine Dr.
Cocoa Beach, FL 32931-3623 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
DETWILER, DEBORAH C Q
27 WESTVIEW LANE
COCOA FL 32931 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
459 Carmine Dr
Cocoa Beach, FL 32931-3623 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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

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:

Kenneth C. Detwiler Kenneth C Detwiler 4-9-01

Date

Daytime Phone #

321-632 4188

CR2E034 (10/00)

0485054

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90055 003 ***150.00



DO NOT WRITE IN THIS SPACE