## **FILED** Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90208 016 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P96000001283

1. Entity Name KENNETH W. BACKSTRAND			
Principal Place of Business 24 WINEWOOD COURT FORT MYERS FL 33919	Mailing Address 24 WINEWOOD COURT FORT MYERS FL 33919		
2. Principal Place of Business	3. Mailing Address	<u></u>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·	
City & State	City & State		

FORT MYERS FL 33919			FORT MYERS FL 33919				)			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
		City & State		4. 1	4. FEI Number 65-0634306 Applied For					
Zip		Country	Zip	Countr	у	5. (	Certificate of Status Desired	<b>\$</b>	8.75 Ac	lot Applicable
	-6. Name and Address of Current Registered Agent			<u> </u>		7. 1	Name and Address of New Reg			<del>ou</del>
BACKSTRAND, KENNETH W 24 WINEWOOD COURT					Name Street Address (P.O. Box Number is Not Acceptable)					
FORT MY	ERS FL 339	19						-		
					City			FL	Zip Cod	de .
SIGNATURE F After	Signature, typed:	or printed name of registered agent  FEE IS \$150.00  3 Fee will be \$550.00	and title if applicable. (NO:		office of reg		ent, or both, in the State of Florida instating)  9. Election Campaign Financ Trust Fund Contribution.	DATE	\$5.0	OD May Be
10.	k Payable to	Florida Department of OFFICERS AND			<del></del> .					
TITLE	PD	OFFICERS AND		11.	- "	ADI	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11
NAME Street address City-St-Zip	BACKSTRA 24 WINEW	ND, KENNETH W OOD COURT RS FL 33919	☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS - ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	24 WINEW	ND, KENNETH W OOD COURT RS FL 33919	☐ Defete	TITLE NAME STREET	ADDRESS - ZIP	•		C	] Change	☐ Addition
TITLE	s		~ 🗀 Delete	NAME	ADDRESS - ZIP			[	] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A					] Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST					) Change	Addition
ITLE IAME TREET ADDRESS			☐ Delete	TITLE NAME STREET A	DDRESS	1.			Change	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

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR