

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062463

1. Entity Name

KMB MANAGEMENT CORP.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90276 046 ***158.75

Principal Place of Business

10181 W SAMPLE RD
SUITE 7-A
CORAL SPRINGS FL 33065
US

Mailing Address

P.O. BOX 8533
CORAL SPRINGS FL 33075

2. Principal Place of Business

8240 SW 24 ST
Suite, Apt. #, etc.
307

3. Mailing Address

Suite, Apt. #, etc.

City & State

N. Lauderdale, FL

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0703010

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPWELL, ANGELA J
10772 LA PLACIDA DR # 104
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name Richard L. Scott
Street Address (P.O. Box Number is Not Acceptable)
8240 SW 24th Street
307
City N. Lauderdale FL Zip Code 33068

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 type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/21/01 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

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	CAPWELL, ANGELA	
STREET ADDRESS	10772 LA PLACIDA DR # 104	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laurie Ann Smith	
STREET ADDRESS	339 Riverside Dr.	
CITY-ST-ZIP	Pasadena, MD 21122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Laurie Ann Smith 1/21/01 (954) 755-2466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)