## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P96000079337 1. Entity Name KIM NEESE INC. 04-19-2001 90321 049 \*\*\*150.00 Principal Place of Business Mailing Address 1206A WEST 19TH STREET 1206A WEST 19TH STREET PANAMA CITY FL 32405 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3442467 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **NEESE, VICTOR KIM** Street Address (P.O. Box Number is Not Acceptable) 1206A WEST 19TH STREET PANAMA CITY FL 32405 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1! 11. 12. CR2E034 (10/00) ☐ Delete Addition TITLE TITLE Change NEESE, VICTOR K NAME NAME **1206A WEST 19TH ST** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE 1111.6 NAME MAME STREET ADDRESS STREET ADORESS CATY-ST-ZIP CITY-ST-Z:P ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 supplier ental 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 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 fi Than address, with all other like empowered. of the corporation or the receiver

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changed, or on an attachment ith an address

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR