

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90242 029 ***150.00

0349106

DOCUMENT # P97000015166

1. Entity Name
KVIEW, INC.

Principal Place of Business

7402 56TH ST N
 #385
 TAMPA FL 33617

Mailing Address

7402 56TH ST N
 #385
 TAMPA FL 33617

2. Principal Place of Business

107 N. 11th ST

3. Mailing Address

107 N. 11th ST

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

SUITE 1

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33602

Country

Zip

33602

Country

4. FEI Number **59-3433277**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VANTURE, CHARLES E
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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

TITLE **PC** ☐ Delete
 NAME **GIBSON, KEITH L**
 STREET ADDRESS **7402 56TH NORTH, STE 385**
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE **D** ☒ Delete
 NAME **DOYLE, FREDERICK M**
 STREET ADDRESS **7402 56TH ST, NORTH, STE 385**
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE **ST** ☒ Delete
 NAME **TOUCHTON, SUSAN L**
 STREET ADDRESS **7402 56TH ST NORTH, STE 385**
 CITY-ST-ZIP **TAMPA FL 33617**

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 **107 N. 11TH ST SUITE 1**
 CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D** ☐ Change ☒ Addition
 NAME **LUX, STEVEN**
 STREET ADDRESS **107 N. 11TH ST SUITE 1**
 CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D** ☐ Change ☒ Addition
 NAME **ARNOLD JR, LEE**
 STREET ADDRESS **107 N. 11TH ST SUITE 1**
 CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D** ☐ Change ☒ Addition
 NAME **GARRETT, TATE**
 STREET ADDRESS **107 N. 11TH ST SUITE 1**
 CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **VP** ☐ Change ☒ Addition
 NAME **ROGERS, STUART**
 STREET ADDRESS **107 N. 11TH ST SUITE 1**
 CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **VP** ☐ Change ☒ Addition
 NAME **OLSON, JEFF**
 STREET ADDRESS **107 N. 11TH ST SUITE 1**
 CITY-ST-ZIP **TAMPA, FL 33602**

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

4/19/01

Date

(813) 221-2765

Daytime Phone #

CR2E034 (10/00)