

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043888

1. Entity Name

KTM CONSTRUCTION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90213 010 ***150.00

Principal Place of Business

~~1410 CENTER ST~~
~~OCOE FL 34761~~
KTM CONSTRUCTION
17815 Westbay St.
Winter Garden, FL 34787

Mailing Address

~~1410 CENTER ST~~
~~OCOE FL 32822-4917~~
KTM CONSTRUCTION
17815 Westbay St.
Winter Garden, FL 34787



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-3445068**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~MILLS, KELLY S.~~
~~1410 CENTER ST~~
~~OCOE FL 34761~~

Mills, Kelly S
KTM CONSTRUCTION
17815 Westbay St.
Winter Garden, FL 34787

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

Kelly S Mills

4/10/00

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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME **D**
STREET ADDRESS **MILLS, KELLY**
CITY-ST-ZIP **17815 Westbay Ct**
1410 CENTER ST
OCOE FL 34761
Winter Garden, FL 34787

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

Kelly S Mills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

407-877-0947

Daytime Phone #

CR2E034 (9/99)