

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90038 043 \*\*\*150.00

**DOCUMENT # P97000048530**

1. Entity Name

**K B CONSTRUCTION, OF NORTH PORT**

Principal Place of Business

7596 JOPPA ROAD  
 NORTH PORT FL 34287

Mailing Address

7596 JOPPA ROAD  
 NORTH PORT FL 34287-5541

2. Principal Place of Business

**431 Nightingale Rd.**  
 Suite, Apt. #, etc.

3. Mailing Address

**431 Nightingale Rd.**  
 Suite, Apt. #, etc.

City & State

**Venice FL**

City & State

**Venice FL**

4. FEI Number

**65-0770551**

Applied For

Not Applicable

Zip

**34293**

Country

**USA**

Zip

**34293**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**80005908**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VEIGEL, ANTHONY M**  
**7596 JOPPA ROAD**  
**NORTH PORT FL 34287**

7. Name and Address of New Registered Agent

Name **Anthony M. Veigel**  
 Street Address (P.O. Box Number is Not Acceptable) **431 Nightingale Rd.**  
 City **Venice** FL Zip Code **34293**

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 **Anthony M. Veigel**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/14/00**

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P</b>	<b>VEIGEL, ANTHONY</b>	<b>7596 JOPPA STREET</b>	<b>NORTH PORT FL 34287</b>	<input type="checkbox"/>
	<b>VEIGEL, KISHIA</b>	<b>7596 JOPPA STREET</b>	<b>NORTH PORT FL 34287</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>President</b>	<b>Anthony Veigel</b>	<b>431 Nightingale Rd.</b>	<b>Venice FL 34293</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vice President</b>	<b>Kishia Veigel</b>	<b>431 Nightingale Rd.</b>	<b>Venice FL 34293</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Kishia Veigel**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/12/00**

DAYTIME PHONE # **941-492-5938**

CR2E034 (9/99)