

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91903 005 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | | | | |
|---|-----------------------------|--|---|---|--|
| DOCUMENT # P97000048530 | | | |  | |
| 1. Entity Name K B CONSTRUCTION, OF NORTH PORT | | | | | |
| Principal Place of Business 431 NIGHTINGALE ROAD VENICE, FL 34293 | | | Mailing Address 431 NIGHTINGALE ROAD VENICE, FL 34293 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 4. FEI Number 65-0770551 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| VEIGEL, ANTHONY M 431 NIGHTINGALE ROAD VENICE, FL 34293 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEES \$150.00 <small>After May 1, 2003 Fee Will be \$550.00</small> Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VEIGEL, ANTHONY | | NAME | Anthony M. Veigel | |
| STREET ADDRESS | 431 NIGHTINGALE RO | | STREET ADDRESS | 836 Golf Dr. | |
| CITY-ST-ZIP | VENICE, FL 34293 | | CITY-ST-ZIP | Venice, FL 34285 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VEIGEL, KISHIA | | NAME | | |
| STREET ADDRESS | 431 NIGHTINGALE ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | VENICE, FL 34293 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VEIGEL, MATTHEW | | NAME | Matthew Veigel | |
| STREET ADDRESS | 431 NIGHTINGALE RD | | STREET ADDRESS | 836 Golf Dr. | |
| CITY-ST-ZIP | VENICE, FL 34293 | | CITY-ST-ZIP | Venice, FL 34285 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Anthony M Veigel</u> | | | Date: <u>4-20-03</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

CR2E034 (10/02)