

AMENDED

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)


FILED

03 AUG 29 AM 8:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P97000048530**

1. Entity Name
KB Construction of Nort Port, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
836 Golf Dr.
Suite, Apt. #, etc.

3. Mailing Address
836 Golf Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Venice, FL

City & State
Venice, FL

4. FEI Number
65-0770551

Applied For
Net Applicable

Zip
34285

Country
USA

Zip
34285

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Daniel L. Prewett

Street Address (P.O. Box Number is Not Acceptable)
5777 Beneva Rd. South

City
Sarasota

State
FL

Zip Code
34233

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 **8-28-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE VP/D	NAME Anthony M. Veigel	TITLE VP/D	NAME 100022884791
STREET ADDRESS 836 Golf Dr.	CITY-ST-ZIP Venice, FL 34285	STREET ADDRESS 09/09/03--01066--007	CITY-ST-ZIP **61.25
TITLE VP/D	NAME Pauline McKelvain	TITLE	NAME
STREET ADDRESS 112 Nippino Trail West	CITY-ST-ZIP Nokomis, FL 34275	STREET ADDRESS	CITY-ST-ZIP
TITLE VP/D	NAME George Gambill	TITLE	NAME
STREET ADDRESS 854 Seafox Rd.	CITY-ST-ZIP Venice, FL 34293	STREET ADDRESS	CITY-ST-ZIP
TITLE S/D	NAME Matthew Veigel	TITLE	NAME
STREET ADDRESS 836 Golf Dr.	CITY-ST-ZIP Venice, FL 34285	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Anthony M. Veigel** **Anthony M. Veigel** **8-28-03** **(941) 492-5938**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Officer's Phone #

CR2E034B (12/02)

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