

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067529

1. Entity Name
KWI-INDUSCO, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90092 021 ***550.00

Principal Place of Business
P.O. BOX 4758
JACKSONVILLE FL 32201-4758
US

Mailing Address
P.O. BOX 4758
JACKSONVILLE FL 32201-4758
US

2. Principal Place of Business
930 N.W. 27th AVE

3. Mailing Address
P.O. BOX 338

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCALA, FL 34475

City & State
OCALA, FL 34478

4. FEI Number 59-3459980

Applied For
Not Applicable

Zip Country
34475 MARION

Zip Country
34478 MARION

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

HOULD, STEPHEN A
444 3RD ST.
NEPTUNE BEACH FL 32266

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 VP ☐ Delete
NAME SINGER, PAUL N.
STREET ADDRESS 1200 W HAMBURG ST
CITY-ST-ZIP BALTIMORE MD 21230

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME PATRICH, JOHN
STREET ADDRESS 429 TALLEYRAND AVE
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ROSENBLATT, HOWARD
STREET ADDRESS 201 W PADONIA RD, SUITE 301
CITY-ST-ZIP TIMONIUM MD 21093

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME SCHLOSS, HOWARD
STREET ADDRESS 1200 W HAMBURG ST
CITY-ST-ZIP BALTIMORE MD 21230

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DUFRENE, OTIS
STREET ADDRESS 1200 W HAMBURG ST
CITY-ST-ZIP BALTIMORE MD 21230

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHLOSS, HENRY
STREET ADDRESS 1200 W HAMBURG ST
CITY-ST-ZIP BALTIMORE MD 21230

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)