

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072557

1. Entity Name

KAY-ROD COMPUTER CONSULTANTS, INC.

Principal Place of Business

Mailing Address

7519 EAGLE POINT DR
DELRAY BEACH FL 33448
US

7519 EAGLE POINT DR
DELRAY BEACH FL 33446-3482
US

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

65-0780542

Applied For

Not Applicable

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

KUNSCHAFT, KATHERINE
1630 EMBASSY DRIVE
WEST PALM BEACH FL 33401

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 re-registering)

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 \$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	P	<input type="checkbox"/> Delete
NAME	KUNSCHAFT, KATHERINE	
STREET ADDRESS	7519 EAGLE POINT DR	
CITY-ST-ZIP	DELRAY BEACH FL 33448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

KATHERINE KUNSCHAFT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00 (56)638-8306
Date Daytime Phone #

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90008 044 ****88.75

06-05-2000 90716 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

Attachment
Doc # P97000072557
B0102729

Kay Ron Computer
7519 Eagle Point Drive
Delray Beach, FL 33446

June 27, 2000

Florida Department of State
PO Box 6327
Tallahassee, Florida 32314

Re: P97000072557

Dear Sir,

At your convenience, please review my account. This is now the third check I am sending to cover this annual report. As I receive my cancel checks I will again correspond with your office.

I appreciate your time in reviewing the above.

Very truly yours,


Kathryn Kunschaft