

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075522

1. Entity Name

K.T. CONSULTANTS, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90060 042 ***150.00

Principal Place of Business

110 474 S. PIN OAK PL
LONGWOOD FL 32779

Mailing Address

PO BOX 916312
LONGWOOD FL 32791-6312

2. Principal Place of Business

625 SW 1ST AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI

FL

City & State

Zip

Country

Zip
33130

Country

4. FEI Number

59-3466856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFE, ROBERT
5100 HWY 17-92
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

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 \$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
D
THOMAS, KEITH
474 S PIN OAK PLACE #110
LONGWOOD FL 32779 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMAS KEITH
625 SW 1ST AVE
MIAMI FL 33130 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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NAME
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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☐ Change ☐ Addition

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: KEITH THOMAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

305-377 3222

Daytime Phone #

CR2E034 (9/99)