

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078826

1. Entity Name

KAIZEN SOLUTIONS, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90154 003 \*\*\*150.00

Principal Place of Business

Mailing Address

7100 PLANTATION BLVD.  
 UNIT 2  
 PENSACOLA FL 32504

7100 PLANTATION BLVD.  
 UNIT 2  
 PENSACOLA FL 32504-6234



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3467581**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WELLS, KATHRYN K  
 7100 PLANTATION BLVD.  
 UNIT 2  
 PENSACOLA FL 32504

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME WELLS, KATHRYN K  
 STREET ADDRESS 830 SHADOW RIDGE DRIVE  
 CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete

TITLE OWELLS, KENNETH  
 NAME  
 STREET ADDRESS 7715 IRA DR.  
 CITY-ST-ZIP PENSACOLA, FL 32504 ☐ Change ☐ Addition

TITLE VD  
 NAME COWAN, LARRY K  
 STREET ADDRESS 830 SHADOW RIDGE DRIVE  
 CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete

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

TITLE D  
 NAME DARBY, ROXANNE  
 STREET ADDRESS 7100 PLANTATION BLVD., UNIT 2  
 CITY-ST-ZIP PENSACOLA FL 32504 ☐ Delete

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

TITLE  
 NAME JONES, JR., ROY  
 STREET ADDRESS 6244 BAYBERRY ST  
 CITY-ST-ZIP MILTON, FL 32570 ☐ Delete

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

TITLE  
 NAME BOIVIN, BARBARA  
 STREET ADDRESS 3223 HENDERSON BAYOU RD  
 CITY-ST-ZIP LAKE CHARLES, LA 70605 ☐ Delete

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

TITLE  
 NAME RAGAN, JEFF  
 STREET ADDRESS 4805 TREELINE DR.  
 CITY-ST-ZIP PENSACOLA, FL 32504 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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:

*Kathryn Wells*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 8504793966

CR2E034 (9/99)