

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000088537**

1. Entity Name

KUZMA PROPERTIES INC.**FILED**
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90111 038 ***150.00

Principal Place of Business

Mailing Address

**318 SE 8TH PLACE
CAPE CORAL FL 33990****318 SE 8TH PLACE
CAPE CORAL FL 33990-1243**

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 **65-0781570**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SOUTHWEST PROF SVS OF FT MYERS, INC.
13611 MCGREGOR BLVD
FTMYERS FL 33919**

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUZMA, NANCY A	NAME	
STREET ADDRESS	318 SE 8TH PL	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUZMA, TIMOTHY	NAME	
STREET ADDRESS	318 SE 8TH PL	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 (9/99)

P97000088537

820463

TAX TRANSMITTAL MEMO

The attached form is your: **FLORIDA CORPORATION ANNUAL REPORT**

You should file this now although it will not be delinquent until May 1st.
If you fail to file this form, you will receive a reminder. If you still do not file, YOUR CORPORATION WILL BE DISSOLVED BY THE STATE. REINSTATEMENT IS EXPENSIVE.

SIGN THE TAX FORM, MAKE YOUR CHECK FOR \$ 150.00 payable to SECRETARY OF STATE and mail to: Division of Corporations, Annual Reports Section, P.O. Box 1500, Tallahassee, FL 32302-1500 in the enclosed envelope.

Return this to us. Date Paid 3-4-00 Check # 1297

TTM-20.FRM

E. K. Williams & Co. of Ft. Myers