

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90716 007 ***150.00

DOCUMENT # P97000093068

1. Entity Name
KIMCOR, INC.

Principal Place of Business Mailing Address
5908 N. ARMENIA AVE., STE 200 **5908 N ARMENIA AVE**
TAMPA FL 33603 **SUITE 200**
US **TAMPA FL 33603-1024**
US

2. Principal Place of Business 3. Mailing Address
P.O. Box 24131 **P.O. Box 24131**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TAMPA FL ~~33623~~ TAMPA FL.
 Zip Country Zip Country
33623 USA **33623 USA**

4. FEI Number Applied For
75-2732938 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
LLAUGET, KIMBERLY L
~~5908 N. ARMENIA AVE., STE 200~~ **4302 GUNN HWY**
~~TAMPA FL 33603~~ **TAMPA, FL 33624**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DVST	<input type="checkbox"/> Delete
NAME	LLAUGET, KIMBERLY L	
STREET ADDRESS	5908 N ARMENIA AVE, STE 200	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	P	<input type="checkbox"/> Delete
NAME	LLAUGET, REMIGIO	
STREET ADDRESS	5908 N ARMENIA AVE, STE 200	
CITY-ST-ZIP	TAMPA FL 33603	
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	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 24131	
STREET ADDRESS	TAMPA FL 33623	
CITY-ST-ZIP	TAMPA FL 33623	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 24131	
STREET ADDRESS	TAMPA FL 33623	
CITY-ST-ZIP	TAMPA FL 33623	
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: _____ **4-28-00** **813-877-7155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)