

2000 UNIFORM BUSINESS REPORT (UBR)

7/

FILED
Aug 21, 2000 8:00 am
Secretary of State

07-24-2000 90017 017 ***150.00

DOCUMENT # P97000102300

1. Entity Name
W.H. KESS, INC.

Principal Place of Business
**169 COASTAL OAK CIRCLE
PONTE VEDRA BEACH FL 32082**

Mailing Address
**169 COASTAL OAK CIRCLE
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3479921**

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

**KESSELMAYER, WILLIAM H
169 COASTAL OAK CIRCLE
PONTE VEDRA BEACH FL 32082**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
NAME **KESSELMAYER, WILLIAM H**
STREET ADDRESS **169 COASTAL OAK CIRCLE**
CITY-STATE-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE **VP** ☐ Delete
NAME **KESSELMAYER, STEVEN**
STREET ADDRESS **818 MEYERSVILLE ROAD**
CITY-STATE-ZIP **BILLETTE NJ 07933**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-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: *William H. Kesselmayer*

FEES REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM H. KESSELMAYER

7/12/00
Date

904-213-0008
Daytime Phone #

CR2E034 (5/00)

August 10, 0000

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Gentlemen:

This letter is a request for a waiver of the \$400.00 late fee for the filing of my 2000 Uniform Business Report

This request is based upon the following:

I have never received the 1st notification of my Uniform Business Report. Had I received it it would have been paid on time. I have never been late in the payment of my taxes or my 1/4ly reports. I prepay my taxes on a monthly basis.

Everything I do with my Corporation is handled by my accountant. He also has not seen the 1st copy of the report.

You have already cashed my check for \$150.00 and I ask that you waive the additional \$400.- based upon the above facts. As I said before, if I had received the initial copy, it would have been paid on time.

Respectfully yours

W.H. Kesselmeyer

W.H. KEES, INC.