

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 10, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000007740

1. Entity Name
KIPCO INTERNATIONAL, INC.

Principal Place of Business
316 WEST CENTRAL AVE
STE. 505
WINTER HAVEN FL 33880

Mailing Address
P.O. BOX 187
AUBURNDALE FL 33823

2. Principal Place of Business
755 ORRIN AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State
WINTER HAVEN FL

City & State

Zip Country
33880

Zip Country

4. FEI Number
59-3492019

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

COLE CHRISTOPHER B
316 WEST CENTRAL AVE
STE. 505
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name
COLE CHRISTOPHER B

Street Address (P.O. Box Number is Not Acceptable)
755 ORRIN AVE

City
WINTER HAVEN FL Zip Code
33880

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 CHRISTOPHER B. COLE

09/10/2001

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, 2001 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 D ☐ Delete
NAME SQUIRES-COLE DIANE S
STREET ADDRESS 2230 20TH STREET, NW
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☐ Delete
NAME COLE CHRISTOPHER B
STREET ADDRESS 2230 20TH STREET, NW
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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: Christopher B Cole

Mr. 09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)