

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008338

1. Entity Name

KISH CONTRACTING, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90304 028 ***150.00

Principal Place of Business

KISH CONTRACTING, INC.
#15B
SANTA ROSA BEACH FL 32459

Mailing Address

565 PIRES LANE
#15B
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

1715 DRIFTWOOD PT. RD

3. Mailing Address

1715 DRIFTWOOD PT. RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH, FL

City & State

SANTA ROSA BEACH, FL

Zip

Country

32459

WALTON

Zip

Country

32459

WALTON

4. FEI Number

59-3490276

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

KISH, ALEX R

56 SPIRES LANE #15B
SANTA ROSA BEACH FL 32459

Name

KISH, ALEX R.

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

1715 DRIFTWOOD PT. RD.

City

SANTA ROSA BEACH, FL

Zip Code

32459

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

Alex R. Kish

ALEX R. KISH

5/11/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KISH, ALEX R
26 POINTE COURT
SANTA ROSA BEACH FL 32459-4318

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ALEX KISH
1715 DRIFTWOOD PT. RD.
SANTA ROSA BEACH, FL. 32459

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Alex R. Kish

(ALEX R. KISH)

5/11/01

850 622 1027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)