

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000011857**

1. Entity Name

KRA, INC.**FILED**
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90026 038 ***150.00

911113

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**2170 S COURTNEY PKWY
MERRITT ISLAND FL 32952****2170 S COURTNEY PKWY
MERRITT ISLAND FL 32920-5013**

2. Principal Place of Business

3045 SAVANNAHS TR

3. Mailing Address

3045 SAVANNAHS TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

4. FEI Number

59-3495204Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

**REID, MADLYN K
2170 S. COURTENAY PKWY
MERRITT ISLAND FL 32952**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	REID, JAMES E	
STREET ADDRESS	2170 S. COURTENAY PKWY.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

TITLE	D	<input type="checkbox"/> Delete
NAME	REID, MADLYN K	
STREET ADDRESS	2170 S. COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY-ST-ZIP		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAMES E. REID Secy/TREASURER 1-25-2000
(321) 454-2609