

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90010 004 ***150.00

DOCUMENT

1. Entity Name

P980000013013 ✓
KABIL ENTERPRISES, INC.
INCORPORATED 2/9/1998

Principal Place of Business

Mailing Address

- SAME -

3304 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL. 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3487319

Applied For

Not Applicable

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

VAN LAW, WILLIAM C. JR.
3304 SAWGRASS VILLAGE CIR.
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]

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 ☐ Delete
PRESIDENT
 NAME **WILLIAM C. VAN LAW JR.**
 STREET ADDRESS **3304 SAWGRASS VILLAGE CIR.**
 CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

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

TITLE ☐ Delete
VICE PRESIDENT
 NAME **KAY A. VAN LAW**
 STREET ADDRESS **3304 SAWGRASS VILLAGE**
 CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

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

TITLE ☐ Delete
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 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]

WILLIAM C. VAN LAW JR.

3/13/01

904-543-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)