

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019019

1. Entity Name

KAMB TECHNOLOGIES, INC.

FILED

00 JUN 22 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9691 SECOND ST. NORTH
ST. PETERSBURG FL 33702

9691 SECOND ST. NORTH
ST. PETERSBURG FL 33702-2507

2. Principal Place of Business

3. Mailing Address

6727 17th St N

6727 17th St N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33702

Country

Pinellas

Zip

33702

Country

Pinellas

4. FEI Number

59-3495902

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

BERGER, MALYN N
9691 SECOND ST. NORTH
ST. PETERSBURG FL 33702

Name Berger, Malyn N

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

6727 17th St N

City St. Petersburg

FL

Zip Code

33702

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	BERGER, MALYN N	
STREET ADDRESS	9691 SECOND ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33602	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BERGER, KENNETH W	
STREET ADDRESS	9691 SECOND ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berger, Malyn N	
STREET ADDRESS	6727 17th St N	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berger, Kenneth W	
STREET ADDRESS	6727 17th St N	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Malyn N. Berger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 (727) 576-3050
Date Daytime Phone #

CR2E034 (9/99)