

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020858

1. Entity Name

KEMTEK ENTERPRISES, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90046 004 ***550.00

Principal Place of Business

7207 TONGA DRIVE
 JACKSONVILLE FL 32216

Mailing Address

7207 TONGA DRIVE
 JACKSONVILLE FL 32216

2. Principal Place of Business

7207 Tonga Drive
 Suite, Apt. #, etc.

3. Mailing Address

7207 Tonga Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

Zip

32216

Country

USA

City & State

Jacksonville, FL

Zip

32216

Country

U.S.A.

4. FEI Number

59-3496682

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

BOWLUS, MICHAEL
 10110 SAN JOSE BLVD.
 JACKSONVILLE FL 32257

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
 NAME CAMPBELL, KIMBERLY M
 STREET ADDRESS 7207 TONYA DR
 CITY-ST-ZIP JACKSONVILLE FL 32216

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPT
 NAME JONES, CARMEN J
 STREET ADDRESS 7207 TONYA DR
 CITY-ST-ZIP JACKSONVILLE FL 32216

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☐ 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:

Kimberly M. Campbell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)