FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 15, 2001 8:00 am DOCUMENT # P98000033188 **Secretary of State** 1. Entity Name KMC INVESTMENT GROUP INC. 02-15-2001 90043 040 \*\*\*150.00 Principal Place of Business Mailing Address 8421 GE WATERWAY DR. 8121-SE-WATERWAY-DR. HOBE SOUND FL 33455 HOBE SOUND FL 33455 623461 2. Principal Place of Business 3. Mailing Address BB96 SE Bridge 35 JPBB DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0820269 14dae Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent: 7. Name and Address of New Registered Agent MANCUSO, RONALD R Street Address (P.O. Box Number is Not Acceptable) 8121 SE WATERWAY DR. HOBE SOUND FL 33455 8896 SE Bridge City Hole Sound 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE ☐ Addition CR2E034 (10/00 MANCUSO, RONALD R NAME NAME 8896 SE Bridge Rd STREET ADDRESS \*8121 SE WATERWAY DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33455-TITLE ☐ Delete TITLE MANCUSO, JOSEPH J NAME. NAME 621 N. 9TH ST: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TACOMA WA 98403 TITLE Detete -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET, ADDRESS STREET ADDRESS CITY-ST-7IP 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.

R- Mariso