

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035387

1. Entity Name

K.O.V.A.C., INC.

Principal Place of Business

1392 FRANK WHITEMAN BLVD.  
NAPLES FL 34103

Mailing Address

1392 FRANK WHITEMAN BLVD.  
NAPLES FL 34103-3872

2. Principal Place of Business

5311 Shirley St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip

Country

34103 USA

4. FEI Number

59-3510556

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VAUGHN, K O  
1392 FRANK WHITEMAN BLVD.  
NAPLES FL 34103

7. Name and Address of New Registered Agent

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	VAUGHN, K O	
STREET ADDRESS	1392 FRANK WHITEMAN BLVD.	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAUGHN, GREGORY	
STREET ADDRESS	1392 FRANK WHITEMAN BLVD.	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAY, DWIGHT D	
STREET ADDRESS	253 LOON LANE	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VAUGHN, MARTHA	
STREET ADDRESS	1392 FRANK WHITEMAN BLVD	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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
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	
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:

MARTHA VAUGHN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA VAUGHN

Date

4/17/00

Daytime Phone #

941-261-0807

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90099 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)