

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038980

1. Entity Name

KSIR, INC.

Principal Place of Business

1301 RIVERPLACE BLVD STE 2552
JACKSONVILLE FL 33207

Mailing Address

1301 RIVERPLACE BLVD STE 2552
JACKSONVILLE FL 32207-9031

2. Principal Place of Business

6950 Phillips Highway
Suite, Apt. #, etc.

Suite 6

City & State

Jacksonville, Florida

Zip

32216

Country

Duval

3. Mailing Address

6950 Phillips Highway
Suite, Apt. #, etc.

Suite 6

City & State

Jacksonville, Florida

Zip

32216

Country

Duval

6. Name and Address of Current Registered Agent

ALLEN, LAURA A
1301 RIVERPLACE BLVD STE 2552
JACKSONVILLE FL 33207

7. Name and Address of New Registered Agent

Name: Allen, Laura H.
Street Address (P.O. Box Number is Not Acceptable): 6950 Phillips Highway
Suite 6
City: Jacksonville FL Zip Code: 32216

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	VPDS	<input type="checkbox"/> Delete
NAME	ALLEN, LAURA A	
STREET ADDRESS	1301 RIVERPLACE BLVD STE 2552	
CITY-ST-ZIP	JACKSONVILLE FL 33207	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	ALLEN, JOHN J	
STREET ADDRESS	1301 RIVERPLACE BLVD STE 2552	
CITY-ST-ZIP	JACKSONVILLE FL 33207	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen, Laura H	
STREET ADDRESS	6950 Phillips Highway Suite 6	
CITY-ST-ZIP	Jacksonville, Florida 32216	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen, John J	
STREET ADDRESS	6950 Phillips Highway Suite 6	
CITY-ST-ZIP	Jacksonville, Florida 32216	
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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90003 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)