

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000042403**

1. Entity Name

**K & P CONSULTANTS, INC**

Principal Place of Business

Mailing Address

**SAME**

2. Principal Place of Business

**1810 Sable Dr**

3. Mailing Address

**1810 SABLE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DEERFIELD BEACH FL**

City & State

**DEERFIELD BEACH FL**

Zip

**33442**

Country

Zip

**33442**

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**Kenneth Lewicki**

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

**12560 SW 6th CT**

City

**FT. LAUDERDALE**

FL

Zip Code

**33325**

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 line is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**K Lewicki 4/28/00**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

**P. S. VPT &**  
**LEWICKI, KENNETH**  
**12560 SW 6th CT**  
**FT LAUDERDALE FL 33325**  
**600003314206--2**  
**-07/06/00--01008--003**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**K Lewicki 4/28/00**

FILED

00 JUN 29 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

06-10-99 90056-0018750-4

4. FEI Number

**65-0835831**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required