

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042413

1. Entity Name

THE ALMOST 3X5 CORPORATION

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90006 038 ***150.00

Principal Place of Business

5924 DRIFTWOOD AVE
SARASOTA FL 34231

Mailing Address

5257 CAMELOT DR WEST
SARASOTA FL 34233

2. Principal Place of Business

5826 CAMELOT DR N

3. Mailing Address

5826 CAMELOT DR N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA, FL

Zip

34233

Country

USA

Zip

34233

Country

USA

4. FEI Number

65-0838438

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KYBURZ, KENNETH W
5257 CAMELOT DR WEST
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name

KENNETH W. KYBURZ

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

5826 CAMELOT DR. N.

City

SARASOTA

FL

Zip Code

34233

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

KENNETH W. KYBURZ PRES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/2001

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 \$150.00
After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KYBURZ, KENNETH W	5257 CAMELOT DR WEST	SARASOTA FL 34233	<input type="checkbox"/>
VPT	KYBURZ, JAMES D	5257 CAMELOT DR WEST	SARASOTA FL 34233	<input checked="" type="checkbox"/>
S	KYBURZ, FRED	5924 DRIFTWOOD AVE	SARASOTA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PT	KENNETH W. KYBURZ	5826 CAMELOT DR. N.	SARASOTA FL 34233	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP S	LUCY KYBURZ	5826 CAMELOT DR. N.	SARASOTA, FL 34233	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

KENNETH W. KYBURZ

Date

Daytime Phone #

4/27/2001 927-4539

CR2E034 (10/00)