2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P98000043904** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name KB CONSTRUCTION & CONSULTING, INC. 04-25-2000 90024 042 ***150.00 Principal Place of Business 3.47.29 Mailing Address 1000 SO PENINSULA DR 1000 SO PENINSULA DR DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118-4743 2. Principal Pjace of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3512274 OLL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWN, KEVIN, L. Street Address (P.O. Box Number is Not Acceptable) 650 6TH ST. **HOLLY HILL FL 32117** Zio Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete NEW Delete D . 35 + 13 ☐ Change ☐ Addition TITLE ·TITLE~ A 10 NAME HARTY, WILLIAM H NAME STREET ADDRESS 1000 SO PENINSULA DR STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP DAYTONA BEACH FL 32118 ☐ Change ☐ Addition TITLE ☐ Delete TITLE BROWN, KEVIN L NAME NAME 650 6TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL 32117 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE . Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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