

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90057 038 ***150.00

DOCUMENT # P98000044846

1. Entity Name

K. G. LAURENCE CONSULTING, INC.

Principal Place of Business

**6100 GULFPORT BLVD
 #404
 ST PETERSBURG FL 33707**

Mailing Address

**P O BOX 41346
 ST PETERSBURG FL 33743-1346**

2. Principal Place of Business

3020 51st STREETS

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULFPORT, FL.

City & State

Zip

33707

Country

USA

Country

4. FEI Number

59-3510407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLD, AARON J ESQ
 704 WEST BAY STREET
 TAMPA FL 33606**

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, 2002 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 **P** ☐ Delete
 NAME **LAURENCE, KENNETH G**
 STREET ADDRESS **6100 GULFPORT BLVD #404**
 CITY-ST-ZIP **ST PETERSBURG FL 33707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **LAURENCE, KENNETH G**
 STREET ADDRESS **3020 51st STREET S**
 CITY-ST-ZIP **GULFPORT, FL. 33707**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APRIL 25, 2002 **727-321-0137**

CR2E034 (9/01)

Kenneth G. LAURENCE Attachment 4/29/80
3020, 51st STREET South 4/28/02
GULFPORT, FL. 33707 P98000044846

Division of Corporations

I tried to file this electronically but the Electronic Filing "on line" Payment System would not let me enter the last 3 digits of my credit card number. By that time I had printed the 'Receipt' page and there was no going back. I was unable to phone your Division for help as it was a Saturday! So I am filing this hard copy instead.

Kenneth G. Laurence

RE: DOCUMENT NUMBER P98000044846