

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047202

1. Entity Name
KMS CONSTRUCTION, INC.

FILED
Aug 03, 2000 8:00 am
Secretary of State
08-03-2000 90092 007 ***150.00

Principal Place of Business 240 NORTH DEVON AVENUE WINTER SPRINGS FL 32708	Mailing Address 240 NORTH DEVON AVENUE WINTER SPRINGS FL 32708
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2. Principal Place of Business 610 Willow Pond Ln. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 37 Suite, Apt. #, etc.
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City & State Osteen, FL	City & State Osteen, FL
Zip 32764	Zip 32764
Country USA	Country USA

4. FEI Number 59-3512509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, KIRK
240 NORTH DEVON AVENUE
WINTER SPRINGS FL 32708

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 7/25/00 Daytime Phone #: (904) 804-9298

To Whom It May Concern:

Attachment
DTF P9800047202
00070284

I have just recieved this second notice for renewal. I had changed address and just recieved this. I filled in the correct addresses, hopefully that will make it easier next year. ~~///~~ This is my second year renewing so not recieved it in the mail on time did not catch my attention. Please accept this check for the original amount and I will make sure it doesn't happen again.

Thank You,
Rick Simmons/Pres