

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064262

1. Entity Name

KONG STOCK, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90143 027 ***150.00

0138948

Principal Place of Business

5551 JOHNSON RD
#51
COCONUT CREEK FL 33073
US

Mailing Address

5551 JOHNSON RD
#51
COCONUT CREEK FL 33073
US

UUU48622

2. Principal Place of Business

3235 NW 104 ave
Suite, Apt. #, etc.
3235

3. Mailing Address

3235 NW 104 ave
Suite, Apt. #, etc.
3235 apt

City & State

Coral Springs

City & State

CORAL SPRINGS

Zip

33065

Country

FL

Zip

33065

Country

FL

DO NOT WRITE IN THIS SPACE



4. FEI Number 65-0852621

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEBERT, LUKE
5551 JOHNSON ST., #51
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name: HEBERT LUKE
Street Address (P.O. Box Number is Not Acceptable)
3235 NW 104 ave
City: CORAL SPRINGS FL Zip Code: 33065

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, 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: D
NAME: HEBERT, LUKE
STREET ADDRESS: 5551 JOHNSON ST., #51
CITY-ST-ZIP: COCONUT CREEK FL 33073 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: HEBERT LUKE
STREET ADDRESS: 3235 NW 104 ave
CITY-ST-ZIP: CORAL SPRINGS FL 33065 ☒ Change ☐ Addition

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

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

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 #

04/27/01 954 275 6242

CR2E034 (10/00)