

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070085

1. Entity Name

K & M DESIGNS, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90062 049 \*\*\*150.00

Principal Place of Business

Mailing Address

940 CORAL RIDGE DR  
#303  
CORAL SPRINGS, FL 33071

2102 GIBBS DR  
TALLAHASSEE, FL  
32303

2. Principal Place of Business

434 OVERSTREET DR

3. Mailing Address

434 OVERSTREET DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DESTIN, FL

City & State

DESTIN, FL

4. FEI Number

65-0860542

Applied For

Not Applicable

Zip

32541

Country

USA

Zip

32541

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARC G. FILION

Name

MARC G. FILION

940 CORAL RIDGE DR #303  
CORAL SPRINGS, FL 33071

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

434 OVERSTREET DR

City

DESTIN

FL

Zip Code

32541

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

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

00/03/27

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Delete  
NAME MARC G. FILION  
STREET ADDRESS 940 CORAL RIDGE DR #303  
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME MARC G. FILION  
STREET ADDRESS 434 OVERSTREET DR  
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME KATHRYN C. FILION  
STREET ADDRESS 434 OVERSTREET DR  
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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

00/03/27

Date

(850)269-3915

Daytime Phone #

03-31-2000 (9/99)