

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070085

1. Entity Name

K & M DESIGNS, INC.

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90491 015 ***150.00

Principal Place of Business

434 OVERSTREET DR
DESTIN FL 32541

Mailing Address

434 OVERSTREET DR
DESTIN FL 32541

2. Principal Place of Business

7047 OAKSHIRE CT
Suite, Apt. #, etc.

3. Mailing Address

7047 OAKSHIRE CT
Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

65-0860542

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

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

FILION, MARC
434 OVERSTREET DR
DESTIN FL 32541

Name

FILION, MARC

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

7047 OAKSHIRE CT

City

LAKE WORTH

FL

Zip Code

33467

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FILION, MARC	
STREET ADDRESS	434 OVERSTREET DR	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FILLION, KATHRYN C	
STREET ADDRESS	434 OVERSTREET DR	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILION, MARC	
STREET ADDRESS	7047 OAKSHIRE CT	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILION, KATHRYN C	
STREET ADDRESS	7047 OAKSHIRE CT	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MARC G. FILION

MARC G. FILION

Date

03/01/01

Daytime Phone #

561-649-0863

CR2E034 (10/00)