

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90351 013 \*\*\*150.00

DOCUMENT # P98000074888 ✓

1. Entity Name

K & T AUTOMOTIVE HILLSBOROUGH, INC.

Principal Place of Business

7302 W. HILLSBOROUGH AVENUE  
 TAMPA, FL 33634

Mailing Address

5105 A. EAST FOWLER AVE.  
 TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

2622 MANOR OAK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO, FL

4. FEI Number

59-3528424

Applied For

No Applicable

Zip

Country

Zip

Country

33594

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

BELCHER, KENNETH A  
 5105 A EAST FOWLER AVE  
 TAMPA FL 33617

Name

BELCHER, KENNETH A

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

2622 MANOR OAK DRIVE

City

VALRICO

FL

Zip Code

33594

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

KENNETH A. BELCHER, PRESIDENT

4-29-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | OPT                   | <input type="checkbox"/> Delete |
| NAME           | BELCHER, KENNETH A    |                                 |
| STREET ADDRESS | 2622 MANOR OAK DR.    |                                 |
| CITY-ST-ZIP    | VALRICO FL 33594-5819 |                                 |
| TITLE          | VP                    | <input type="checkbox"/> Delete |
| NAME           | BELCHER, TIFFANIE D   |                                 |
| STREET ADDRESS | 2622 MANOR OAK DRIVE  |                                 |
| CITY-ST-ZIP    | VALRICO FL 33594-5819 |                                 |
| 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          |  | <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    |  |                                                                   |
| 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

KENNETH A. BELCHER - 4-29-02 - 813-681-8550