2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

DOCUMENT # P98000081507



FILED Apr 07, 2003 8:00 am Secretary of State

1. Entity Name K C P, INC.						04-07-2003 91004 009 ***150.00			
Principal Place 2900 4TH ST. ST. PETERSBL		Mailing Address 2900 4TH ST. N. ST. PETERSBURG FL 33704							
2. Principal F	Place of Business	3. Mailing Address				1 0 0 1 7 0 0 1 1 1 1 1 0 1 0 1 1 1 1 1 1	I IISEI SIIII O	0 i i 100 100	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & State	City & State			59-3535156		oplied For ot Applicable	-
Zip Country		Zip	Country		5. (8.75 Add		
	6. Name and Address of Curre	ent Registered Agent			7. N	lame and Address of New Registered Aç	jent		1
		•	ī.	Name		a a again a a a a a a a a a a a a a a a a a a		•	
STACY, LYNNE				Street Addres	ss (P.O. B	s (P.O. Box Number is Not Acceptable)			
2900 4TH ST. N.									┨
SI. PEIER	RSBURG FL 33704								
¥.*	4°			City FL Zip Code				е	
	named entity submits this statementions of registered agent.	t for the purpose of chang	jing its registe	red office or regis	stered ag	ent, or both, in the State of Florida. I am fai	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered ag	control title if continuous	/NOTE: Pagistar	ed Agent signature requ		instating) DATE			
ļ		part and the ii applicable.	(NOTE: Negister	en våent siångrate tedr	Dilect Wilest Te	ristainig)			}
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						9. Election Campaign Financing	\$5.0	0 May Be	l
	Repartment Payable to Florida Department					Trust Fund Contribution.	Added	to Fees	
10.	OFFICERS AI	ND DIRECTORS	11.		AD	L DITIONS/CHANGES TO OFFICERS AND D	DIRECTOR	S IN 11	1
TITLE	P	☐ Delete	e fift	.E			Change	Addition	6
	STACY, LYNNE		NAI						3
STREET ADDRESS CITY-ST-ZIP	360-A PINELLAS BAYWAY TIERRA VERDE FL 33715			ieet address Y-ST-Zip					3
	VP	197 1 n						□ Addition	į
TITLE NAME	STACY, RICHARD A	◯ Delete	TITI NAM			'	Change	☐ Addition	3
	360-A PINELLAS BAYWAY	Decewed)		EET ADDRESS					
CITY-ST-ZIP	TIERRA VERDE FL 33715		CIT	Y-ST-ZIP					
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NAME		,	NAF	i					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP					
		□ 6-1-c				·	Change	☐ Addition	1
TITLE NAME		☐ Delete	TITI NAM			·	Change	☐ Addition	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ Delete	TITE	.E			Change	Addition	
NAME			NAM	AE					
STREET ADDRESS			STR	EET ADDRESS					1

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Daytime Phone #

☐ Change

☐ Addition