

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90062 046 ***550.00

DOCUMENT # P98000082245

1. Entity Name
KP COMPANIES, INC.

Principal Place of Business

8793 TAMiami TRAIL EAST
 #207
 NAPLES FL 34113

Mailing Address

8793 TAMiami TRAIL EAST
 #207
 NAPLES FL 34113

00081005

2. Principal Place of Business

7017 Kiwi Place
 Suite, Apt. #, etc.

3. Mailing Address

7017 Kiwi place
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 NAPLES FL

Zip 34113 Country USA

City & State
 NAPLES FL

Zip 34113 Country USA

4. FEI Number 59-3549157

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BURRUS, JANICE
 8793 TAMiami TRAIL EAST
 #207
 NAPLES FL 34113

7. Name and Address of New Registered Agent

Name DIANNE L. MUTH
 Street Address (P.O. Box Number is Not Acceptable)
 7017 Kiwi Place
 City NAPLES FL Zip Code 34113

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 DIANNE L. MUTH, SECRETARY
 Signature, typed or printed name of registered agent and title if applicable.

DIANNE L. MUTH
 NOTE: Registered Agent signature required when reinstating

8/21/2000
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00.
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	P/D	<input type="checkbox"/> Delete
NAME	MUTH, GARRY	
STREET ADDRESS	840 5TH STREET, SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	LAPIDUS, MICHAEL	
STREET ADDRESS	452 NO. COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	BURRUS, JANICE	
STREET ADDRESS	1071 SO. BARFIELD DR.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7017 Kiwi Place	
CITY-ST-ZIP	NAPLES FL 34113	
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	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANNE L. MUTH	
STREET ADDRESS	7017 Kiwi Place	
CITY-ST-ZIP	NAPLES, FL 34113	
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: DIANNE L. MUTH, SECRETARY 8/21/2000 941 732 8695
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #