

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084037

1. Entity Name

KAYMAC ENTERPRISES, INC.

Principal Place of Business

9049 JETTY ROAD
CAPE CANAVERAL FL 32920

Mailing Address

P O BOX 363
CAPE CANAVERAL FL 32920

2. Principal Place of Business

102 CHRISTOPHER COLUMBUS DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CAPE CANAVERAL FL

City & State

City & State

4. FEI Number 59-3534887

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0078938



6. Name and Address of Current Registered Agent

SOLEAU, JOHN L. ESQ.
1970 MICHIGAN AVENUE
BUILDING C
COCOA FL 32922

7. Name and Address of New Registered Agent

Name
SANDRA KAYE BROCK
Street Address (P.O. Box Number Is Not Acceptable)
102 CHRISTOPHER COLUMBUS DR
City
CAPE CANAVERAL FL Zip Code
32920

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

Sandra Kaye Brock

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MACDONALD, ROBERT
960 MULLETT ROAD
CAPE CANAVERAL FL 32920 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
BROCK, SANDRA K
4040 MONROE
CAPE CANAVERAL FL 32920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Sandra Kaye Brock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
D#P9800084037 AUT 8938
AUT 8938

Attachment

DOC#P9800084037

To whom it may Concern:

Due to the fact
my uniform Business
Reports getting mixed
in with my tax forms
a paper work that I
don't my CPA - I am
late filing.

Here is a check for 150.⁰⁰
if I owe two late fee
Please let me know.

If you can find it in your
heart to waive the fee
I would greatly
appreciate it.

Thank you

Kog Brock