

01-03

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 18 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 798000095182

1. Entity Name

K + K of Central Florida, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15236 E. Colonial Dr.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Orlando, FL

City &amp; State

4. FEI Number

59-3554603

Applied For

Not Applicable

Zip

32826

Country

USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Kenneth E. MANN

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

15236 E. Colonial Dr

City Orlando

FL

Zip Code

32826

DO NOT WRITE  
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kenneth E. Mann

Kenneth E. MANN

6/12/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Pres. + Dir  
NAME Kenneth E. MANN  
STREET ADDRESS 15236 E. Colonial Dr  
CITY-ST-ZIP Orlando, FL 32826

TITLE  
NAME  
STREET ADDRESS 100021084201  
CITY-ST-ZIP 06/23/03--01100--002 \*\*450.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director  
NAME Christine S. MANN  
STREET ADDRESS 15236 E. Colonial Dr  
CITY-ST-ZIP Orlando, FL 32826

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth E. Mann Kenneth E. MANN 6/12/03 407-578-7727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

91 chs