**FILED** 

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## Apr 30, 2003 8:00 am Secretary of State P98000098118 DOCUMENT # 04-30-2003 90028 023 \*\*\*150.00 1. Entity Name K & T, BRANDON, INC. Principal Place of Business Mailing Address 2622 MANOR OAK DR. 1507 W BRANDON BLVD. 11026157 BRANDON FL 33511 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3542732 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BELCHER, KENNETH A. Street Address (P.O. Box Number is Not Acceptable) 2622 MANOR OAK DR. VALRICO FL 33594 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT TITLE ☐ Addition ☐ Delete TITLE NAME BELCHER, KENNETH A NAME 2622 MANOR OAK DR. 🗘 STREET ADDRESS STREET ADDRESS VALRICO FL 33594. CITY-ST-7IP CITY-ST-ZIP ☐ Change. ☐ Addition TITLE Da Delete TITLE **BELCHER, TIFFANE D** NAME NAME 2622 MANOR OAK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594-5619 CITY-ST-ZIP ☐ Change Addition ☐.Delete ~. → TITLE FOXWORTHY, BRIAN J NAME NAME STREET ADDRESS STREET ADDRESS ISOT W BRANDON BLVD CITY-ST-ZIP CITY-ST-ZIP BRANDON FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information sepphed 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 errowwered 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.

**SIGNATURE** SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR