## FILED ~2000 UNIFORM BUSINESS REPORT (UBR) Aug 03, 2000 8:00 am Secretary of State DOCUMENT # P9900000581 K R B INVESTMENTS. INC. 08-03-2000 90092 004 \*\*\*150.00 Mailing Address Principal Place of Business 1087 EDMISTON PLACE 1087 EDMISTON PLACE LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARNOLD, MITCHELL A Street Address (P.O. Box Number is Not Acceptable) 1087 EDMISTON PLACE LONGWOOD FL 32779 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE ARNOLD, MITCHELL A NAME NAME 1087 EDMISTON PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information surplied 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 sunature 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 truttee empowered to execute this report as a sequired by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an ddress 2

PED OR PRINTED NAME OF SIGNING OFFICER OR I

SIGNATURE:

Affachment of pagawwws/

July 26, 2000

Florida Department of State Attn: Annual Report Section P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find the 2000 Uniform Business Report for KRB Investments, Inc. Also enclosed is a \$150.00 annual filing fee, check #372. Please note that neither KRB nor myself ever received a first notice of such form, therefore any original deadline could not have been met. Please abate any penalty, as it would have been impossible to file this timely without receiving notification of such.

Thank you for your assistance in this matter.

Sincerely,

Mitch Arnold, President

KRB Investments, Inc.

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MA/ryt

**Enclosures**