

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000003560**

1. Entity Name

K & B INSTRUMENTATION, INC.**FILED****Mar 20, 2000 8:00 am
Secretary of State**

03-20-2000 90112 001 ***150.00

Principal Place of Business

**28617 SAINT JOE ROAD
DADE CITY FL 33525**

Mailing Address

**28617 SAINT JOE ROAD
DADE CITY FL 33525-7302**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

69-3552885

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

KATHLEEN KARRELS

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

28617 SAINT JOE ROAD

City

DADE CITY**FL**

Zip Code

33525

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

Kathleen Karrels

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

KATHLEEN KARRELS

(NOTE: Registered Agent signature required when reinstating)

3/14/00

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	KARRELS, ROBERT	
STREET ADDRESS	28617 SAINT JOE ROAD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENSON, ROLFE	
STREET ADDRESS	28617 SAINT JOE ROAD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KARRELS, DANIEL	
STREET ADDRESS	28617 SAINT JOE ROAD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KARRELS, KATHLEEN	
STREET ADDRESS	28617 SAINT JOE ROAD	
CITY-ST-ZIP	DADE CITY FL 33525	
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 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	<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	<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:**KATHLEEN KARRELS****3/14/00****352-258-1706**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #