

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90020 033 ***550.00

DOCUMENT # P99000006368

1. Entity Name
KIOCOM DESIGN GROUP, INC.

Principal Place of Business
13575 58TH ST N. SUITE 149
CLEARWATER FL 33760

Mailing Address
13575 58TH ST N. SUITE 149
CLEARWATER FL 33760



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13575 58th St N

3. Mailing Address
12325 3rd St East

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 4

City & State
Clearwater FL

City & State
Treasure Island FL

4. FEI Number **59-3553446** **Applied For**
Not Applicable

Zip
33760

Country

Zip
33706

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMSKI, JOSEPH P
1110 3RD ST S
ST PETERSBURG FL 33701

Name

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

12325 3rd St East
Ste 4

City

Treasure Island FL **Zip Code** **33706**

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 *Joseph P Adamski* **JOSEPH P. ADAMSKI** **9/4/01**
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	ADAMSKI, JOSEPH	
STREET ADDRESS	P.O. BOX 1187	
CITY-ST-ZIP	ST PETERSBURG FL 33731	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ADAMSKI, JUDY	
STREET ADDRESS	P.O. BOX 1187	
CITY-ST-ZIP	ST PETERSBURG FL 33731	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12325 3rd St East Ste 4
CITY-ST-ZIP	Treasure Island, FL 33706
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SAME AS ABOVE
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: *Joseph P Adamski* **JOSEPH P ADAMSKI** **9/4/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 9/4/01

CR2E034 (5/01)