

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009861

1. Entity Name
KINGBIRD CORPORATION

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90339 013 ***150.00

Principal Place of Business
**3-B AQUAMARINE DR.
KEY WEST FL 33040**

Mailing Address
**3-B AQUAMARINE DR.
KEY WEST FL 33040-6308**

2. Principal Place of Business
2 KINGBIRD LANE

3. Mailing Address
2 KINGBIRD LANE

City & State
KEY WEST FL

City & State
KEY WEST FL

4. FEI Number
65-0898303

Applied For
Not Applicable

Zip
33040

Country
USA

Zip
33040

Country
USA

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

**KLITENICK, RICHARD M
402 APPELROUTH LANE
KEY WEST FL 33040**

Name

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

City

FL

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.

SIGNATURE _____
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	OHLSON, EDWARD	
STREET ADDRESS	3-B AQUAMARINE DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	OHLSON, KRISTINE A	
STREET ADDRESS	3-B AQUAMARINE DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHLSON, EDWARD	
STREET ADDRESS	2 KINGBIRD LANE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHLSON, KRISTINE	
STREET ADDRESS	2 KINGBIRD LANE	
CITY-ST-ZIP	KEY WEST FL 33040	
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: **Kristine A. Ohlson** **KRISTINE A. OHLSON** **4/29/2000** **305-293-9164**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)