

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90008 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P99000011342</b> <b>1. Entity Name</b> <b>K &amp; H ENTERPRISES, INC.</b>				<p>DO NOT WRITE IN THIS SPACE</p>	
<b>Principal Place of Business</b> <b>3830 46TH AVENUE SOUTH</b> <b>ST. PETERSBURG FL 33711</b>		<b>Mailing Address</b> <b>3830 46TH AVENUE SOUTH</b> <b>ST. PETERSBURG FL 33711</b>			
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>			
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> <b>59-3559196</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>KRUEGER, PAUL L</b> <b>3830 46TH AVENUE SOUTH</b> <b>ST. PETERSBURG FL 33711</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>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.</b>				<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>				<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PAST</b> <input type="checkbox"/> Delete <b>HELLER, STEPHEN M</b> <b>3425 BROOKRIDGE LANE</b> <b>PARRISH FL 34219</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SAMIR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAMIR</b> <b>2346 LITTLE COUNTRY RD</b> <b>SAMIR</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VAS</b> <input type="checkbox"/> Delete <b>HELLER, DOROTHY F</b> <b>3425 BROOKRIDGE LANE</b> <b>PARRISH FL 34219</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SAMIR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAMIR</b> <b>2346 LITTLE COUNTRY RD</b> <b>SAMIR</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VT</b> <input type="checkbox"/> Delete <b>KRUEGER, PAUL L</b> <b>3830 46TH AVE S</b> <b>SAINT PETERSBURG FL 33711</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VS</b> <input type="checkbox"/> Delete <b>KRUEGER, LEE S</b> <b>3830 46TH AVE S</b> <b>SAINT PETERSBURG FL 33711</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Paul L Krueger</u> <b>PAUL L KRUEGER</b> <u>4 JAN 01</u> <u>727 867-2387</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (10/00)