

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P99000023799

1. Entity Name

KATHLEEN KIMPLE, P.A.

FILED
May 17, 2000 8:00 am
Secretary of State

04-28-2000 90095 032 ***150.00

Principal Place of Business

10924 FELSDALE AVE.
PORT RICHEY FL 34668

Mailing Address

10924 FELSDALE AVE.
PORT RICHEY FL 34668-2503

2. Principal Place of Business

Suite, Apt. #, etc.

Century 21 Palm Realty

3. Mailing Address

Suite, Apt. #, etc.

10010 US HWY 19



DO NOT WRITE IN THIS SPACE

City & State

Port Richey

City & State

Port Richey FL

4. FEI Number

59-3565853

Applied For

Not Applicable

Zip

34668

Country

PASCO

Zip

34668

Country

PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIMPLE, KATHLEEN
10924 FELSDALE AVE.
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

KATHLEEN M. KIMPLE

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

10924 FELSDALE AVE

City

Port Richey

FL

Zip

34668

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida.

SIGNATURE

Kathleen M. Kimple

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

TITLE	PS	<input type="checkbox"/> Delete
NAME	KIMPLE, KATHLEEN	
STREET ADDRESS	10924 FELSDALE AVE.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
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		

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)(l), 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 M. Kimple KATHLEEN KIMPLE
P1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4400 (727) 863-9355

CR2E034 (9/99)