

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P99000027028*

1. Entity Name

*K.L. Birchby Inc*



**FILED  
Jan 20, 2004 8:00 am  
Secretary of State**

01-20-2004 90083 047 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

*24002859*

2. Principal Place of Business <i>5 Norfolk LA, W.</i>	3. Mailing Address Suite, Apt. #, etc. <i>5m</i>
City & State <i>HOMOSASSA FL</i>	City & State <i>FL</i>
Zip <i>34446</i>	Country <i>USA</i>

4. FEI Number <i>65-0911401</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Kenneth L Birchby 5 Norfolk LA W HOMOSASSA FL 34446</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Coct/Tres Marge Birchby 5 Norfolk LA W HOMOSASSA FL 34446</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *K.L. Birchby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/6/04 362-382-2242*  
Date Daytime Phone #

CR2034B (12/02)