2000 UNIFORM BUSINESS REPORT (UBR)

May 30, 2000 8:00 am DOCUMENT # **P99000029862** 1. Entity Name Secretary of State D & KS ENTERPRISES, INC. 05-01-2000 90383 019 ***150.00 Principal Place of Business Mailing Address 1117 PINELLAS BAY WAY.#203 1117 PINELLAS BAY WAY.#203 TIERRA VERDE FL 33715-2181 TIERRA VERDE FL 33715 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee.Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STILLWAGON, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 1117 PINELLAS BAY WAY,#203 TIERRA VERDE FL 33715 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-(NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550,00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. KATHLEEN STILL WAGON (Change TITLE PRES PRESIDENT ☐ Delete TITLE KATHLEEN STILLUAGON NAME NAME 1117 PINELLAS BAJUAY #203 1117 PINIELLAS BAYWAY #203 STREET ADDRESS STREET ADDRESS TIEKER VERDE F CITY-ST-ZIP CITY-ST-ZIP THERE VERDE, PL 33715 P. SEL. +TREC ☐ Change Addition VICE PRESIDENT, TRIEAS, SEC ☐ Oelete TITLE TITLE DANIELK. SEGALL 1117 PINELLAN BAYLAY FZOS NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIERRIA VENDE, FL 33715 Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET AODBESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 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 cath; 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. 727-515-5758 SIGNATURE: . Daytima Phone &