

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030694

1. Entity Name

KINSEY CONTRACTORS, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90057 002 ***150.00

Principal Place of Business

Mailing Address

RT 1 BOX 165-3
MONTICELLO FL 32344

RT 1 BOX 165-3
MONTICELLO FL 32344-9786

2. Principal Place of Business

3. Mailing Address

1979 Maryland Circle
Suite, Apt. #, etc.

P.O. Box 4276
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

4. FEI Number

59-3564304

Applied For

Not Applicable

Zip

32303

Country

Zip

32303

Country

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

MARTS, THAYER M
155 OFFICE PLAZA DR
TALLAHASSEE FL 32301

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 ☐ Delete
NAME KINSEY, JAMES E
STREET ADDRESS RT 1 BOX 165-3
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☒ Change ☐ Addition
NAME Kinsey, James E.
STREET ADDRESS P.O. Box 4276
CITY-ST-ZIP Tallahassee, FL 32303

TITLE D ☐ Delete
NAME BOYETTE, WILLIAM E
STREET ADDRESS RT 1 BOX 165-3
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☒ Change ☐ Addition
NAME Boyette, William E.
STREET ADDRESS P.O. Box 4276
CITY-ST-ZIP Tallahassee, FL 32303

TITLE D ☐ Delete
NAME BOYETTE, AARON L
STREET ADDRESS RT 1 BOX 165-3
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☒ Change ☐ Addition
NAME Boyette, Aaron L.
STREET ADDRESS P.O. Box 4276
CITY-ST-ZIP Tallahassee, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 true empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00
Date

850-504-9200
Daytime Phone #

CR2F034 (3/00)