## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P99000032098 Apr 20, 2000 8:00 am Secretary of State KRM CONSULTING, INC. 04-20-2000 90080 002 \*\*\*150.00 Principal Place of Business Mailing Address 408 LARRIE ELLEN WAY **408 LARRIE ELLEN WAY** BRANDON FL 33511-5931 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MUZYK, KENNETH R Street Address (P.O. Box Number is Not Acceptable) 408 LARRIE ELLEN WAY BRANDON FL 33511 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. Addition ☐ Change TITLE ☐ Delete TITLE DUEZIDENT R. Muzyk NAME Kennem STREET ADDRESS LARRIE Ellen WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RANDON **らんていきしゅりゃ** ☐ Change TITLE Addition ☐ Delete TITLE ANN P NAME Muzuk NAME STREET ADDRESS 408 LARRIE Ellew WM STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDIN FL 33511 - Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 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 life empowered.