

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90217 047 ***158.75

DOCUMENT # P99000032779

1. Entity Name
KINSEY UNDERGROUND, INC.



Principal Place of Business
**2753 NE 34 ST
OCALA FL 34479**

Mailing Address
**2753 NE 34 ST
OCALA FL 34479**



2. Principal Place of Business

3250 SE 39 AVE
Suite, Apt. #, etc.

3. Mailing Address

3250 SE 39 AVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

59-3569787

Applied For

Not Applicable

Zip

34471

Country

USA

Zip

34471

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KINSEY, HERBERT O
2753 NE 34 ST
OCALA FL 34479**

7. Name and Address of New Registered Agent

Name

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

3250 SE 39 AVE

City

OCALA

FL

Zip Code

34471

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **KINSEY, HERBERT O**
STREET ADDRESS **2753 NE 34 ST**
CITY-ST-ZIP **OCALA FL 34479**

TITLE **ST** ☐ Delete
NAME **CARDER, DIANE**
STREET ADDRESS **2753 NE 34 ST**
CITY-ST-ZIP **OCALA FL 34479**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3250 SE 39 AVE**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3250 SE 39 AVE**
CITY-ST-ZIP **OCALA FL 34471**

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DIANE S. CARDER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-03 352-671-1805

CR2E034 (10/02)