

2000 UNIFORM BUSINESS REPORT (UBR)

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

06-05-2000 90024 043 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000046043 1. Entity Name <i>KONCO ENTERPRISES INC.</i>			
Principal Place of Business <i>KONCO ENTERPRISES INC.</i> Mailing Address <i>12231 93rd Court N. Seminole, FL 33772</i>			
2. Principal Place of Business <i>KONCO ENTERPRISES INC.</i> Suite, Apt. #, etc. <i>12231 93rd Court N.</i> City & State <i>Seminole, FL.</i> Zip <i>33772</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent <div style="text-align: center; font-size: 2em;">✓</div>		4. FEI Number <i>59-3108747</i> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Name <i>C. Douglas Murphy</i> Street Address (P.O. Box Number is Not Acceptable) <i>12231 93rd Court N.</i> <i>Seminole, FL.</i> <i>33772</i> City <i>FL</i> 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 <i>C. Douglas Murphy</i> (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. <input type="checkbox"/> (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	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <i>President</i> <input type="checkbox"/> Delete NAME <i>C. Douglas Murphy</i> STREET ADDRESS <i>12231 93rd Court N.</i> CITY-ST-ZIP <i>Seminole, FL 33772</i>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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 like empowered.

CR2E034 (9/99)

SIGNATURE *C. Douglas Murphy* **DATE** *April 24 2000* **Daytime Phone #** *727-397-9785*