

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90034 031 \*\*\*550.00

**DOCUMENT # P99000049297**

1. Entity Name  
**K.B.S. INVESTMENTS, INC.**

Principal Place of Business 169 N. ANDALUSIA AVE. SEAGROVE BEACH FL 32459	Mailing Address 169 N. ANDALUSIA AVE. SEAGROVE BEACH FL 32459
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>80 Cullman Ave</i>	3. Mailing Address <i>80 Cullman Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Seagrove Bch, Fl</i>	City & State <i>Seagrove Bch Fl</i>	4. FEI Number <i>59-3593848</i>	Applied For <input type="checkbox"/>
Zip <i>32459</i>	Zip <i>32459</i>	Country <i>Walton</i>	Country <i>Walton</i>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FRANKLIN H. WATSON, P.A.**  
**5365 E. HWY. 30-A, SUITE 105**  
**SEAGROVE BCH FL 32459**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b> <b>BEAUCHAMP, KRystal S</b> <b>169 N. ANDALUSIA AVE.</b> <b>SEAGROVE BEACH FL 32459</b>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>80 Cullman Avenue</i> <i>Seagrove Bch FL 32459</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Krystal S Beauchamp* *8/11/00* *(850) 231-3094*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)