

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052919

1. Entity Name

KAN CONSULTING INC.

FILED

Jan 27, 2000 8:00 am  
Secretary of State

01-27-2000 90070 005 \*\*\*150.00

Principal Place of Business: 3442 POINTE CREEK COURT #202  
BONITA SPRINGS FL 34132

Mailing Address: 3442 POINTE CREEK COURT #202  
BONITA SPRINGS FL 34134-2006

2. Principal Place of Business: 3442 Pointe Creek Ct.

3. Mailing Address

Suite, Apt. #, etc. 202

Suite, Apt. #, etc.

City & State: Bonita Springs, FL

City & State

4. FEI Number: 59-3580629

Applied For: ☐ Not Applicable

Zip: 34134 Country: U.S.

Zip Country

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

6. Name and Address of Current Registered Agent

NELSON, KURT  
3442 POINTE CREEK COURT #202  
BONITA SPRINGS FL 34132

7. Name and Address of New Registered Agent

Name: Nelson, Kurt

Street Address (P.O. Box Number is Not Acceptable): 3442 Pointe Creek Court

Unit 202

City: Bonita Springs FL Zip Code: 34134

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: *Kurt Nelson*

(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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Andrea Nelson	3442 Pointe Creek Ct. #202	Bonita Springs, FL 34134	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	P/T Kurt Nelson	3442 Pointe Creek Ct. #202	Bonita Springs, FL 34134	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Kurt Nelson* DATE: 1-22-2000 DAYTIME PHONE: (941) 498-5923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)