

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90009 040 ***158.75

DOCUMENT # P99000053366

1. Entity Name
K & M CUSTOM CREATIONS, INC.

Principal Place of Business Mailing Address
750 OFFICE PLAZA BLVD., SUITE 303 **750 OFFICE PLAZA BLVD., SUITE 303**
KISSIMMEE FL 34744 **KISSIMMEE FL 34744**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2240 E Irlo Bronson Mem Hwy **2240 E. Irlo Bronson Mem Hwy**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Kissimmee FL **Kissimmee FL**

4. FEI Number **59-1057357** Applied For
 Not Applicable

Zip Country Zip Country
34744 **34744**

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

6. Name and Address of Current Registered Agent
ZILKE, KENNETH L
750 OFFICE PLAZA BLVD., SUITE 303
KISSIMMEE FL 34744

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	ZILKE, KENNETH
STREET ADDRESS	6455 CREATION STREET
CITY-ST-ZIP	ST. CLOUD FL 34771
TITLE	P <input type="checkbox"/> Delete
NAME	ZILKE, MADIE
STREET ADDRESS	6455 CREATION STREET
CITY-ST-ZIP	ST. CLOUD FL 34771
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth L Zilke* **Kenneth L Zilke** **1/3/01** **(407)932-3455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)