

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
750 OFFICE PLAZA BLVD., SUITE 303
KISSIMMEE FL 34744

Mailing Address
750 OFFICE PLAZA BLVD., SUITE 303
KISSIMMEE FL 34744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2240 E Irlo Bronson Memorial Hwy
Suite, Apt. #, etc.

3. Mailing Address
2240 E. Irlo Bronson Memorial Hwy
Suite, Apt. #, etc.

City & State
Kissimmee FL

City & State
Kissimmee FL

4. FEI Number 59-1057357

Applied For
Not Applicable

Zip
34744

Country

Zip
34744

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZILKE, KENNETH L
750 OFFICE PLAZA BLVD., SUITE 303
KISSIMMEE FL 34744

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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 ☐ Delete
NAME ZILKE, KENNETH
STREET ADDRESS 6455 CREATION STREET
CITY-ST-ZIP ST. CLOUD FL 34771

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

TITLE P ☐ Delete
NAME ZILKE, MADIE
STREET ADDRESS 6455 CREATION STREET
CITY-ST-ZIP ST. CLOUD FL 34771

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01 (407)932-3455
Date Daytime Phone #

CR2E034 (10/00)