

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90179 026 ***150.00

DOCUMENT # P99000061369

1. Entity Name

KDM UNLIMITED, INC.

Principal Place of Business

Mailing Address

**2802 S.W. 35TH LANE
 CAPE CORAL FL 33914**

**2802 S.W. 35TH LANE
 CAPE CORAL FL 33914-4844**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0935808

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**NOON, DAWN M
 2802 S.W. 35TH LANE
 CAPE CORAL FL 33914**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	KERRY NOON	
STREET ADDRESS	2802 SW 35TH LN.	
CITY-ST-ZIP	CAPE CORAL, FL. 33914	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	RONALD DUPES	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary of Treasury	<input type="checkbox"/> Delete
NAME	DAWN NOON	
STREET ADDRESS	2802 SW 35TH LN.	
CITY-ST-ZIP	CAPE CORAL, FL. 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERRY NOON	
STREET ADDRESS	2802 SW 35TH LN.	
CITY-ST-ZIP	CAPE CORAL, FL. 33914	
TITLE	VICE PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD DUPES	
STREET ADDRESS	1382 GAIL ST.	
CITY-ST-ZIP	N. Ft. MYERS, FL. 33903	
TITLE	Secretary of Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWN NOON	
STREET ADDRESS	2802 SW 35TH LN.	
CITY-ST-ZIP	CAPE CORAL, FL. 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #