## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # **P99000063536** Apr 05, 2000 8:00 am Secretary of State KAYBRO ENTERPRISES, INC. 04-05-2000 90115 035 \*\*\*150.00 Mailing Address Principal Place of Business 11307 114TH TERR. APT A 11307 114TH TERR. APT A LARGO FL 33778-3019 LARGO FL 33778 2. Principal Place of Business 3. Mailing Address BacHarro 2350 S CHERRO DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numb Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAY, RALPH S JR 11307 114TH TERR, APT A LARGO FL 33778 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. n TITI E Addition TITLE ☐ Delete KAY, RALPH S JR NAME NAME 12350 S. BEZCHER RD., BUSG. 14 STREET ADDRESS 11307 114TH TERR, APT A STREET ADDRESS ARGO, FL 33173 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33778 (Change ☐ Addition ☐ Delete TITLE TITLE KAY, KRIS NAME 12350 S. BERCHERRO, BLDG-14 STREET ADDRESS STREET ADDRESS 11307 114TH TERR, APT A LARGO, FL 33773 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33778 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.