

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064663

1. Entity Name

KMD DESIGN AND MARKETING GROUP INCORPORATED

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90088 049 ***150.00

Principal Place of Business

Mailing Address

1750 A1A SOUTH.STE.B
ST. AUGUSTINE FL 32084

1750 A1A SOUTH.STE.B
ST. AUGUSTINE FL 32084-5519

2. Principal Place of Business

6303 WALSH CT

3. Mailing Address

6303 WALSH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3597407

Applied For

Not Applicable

Zip

33625

Country

USA

Zip

33625

Country

USA

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

CONNER, ROBIN H ESQ.
BEDSOLE & CONNER, 1750 A1A SOUTH, STE.B
ST. AUGUSTINE FL 32084

Name

MARK DRAYNE

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

6303 WALSH COURT

City

TAMPA, FL

FL

Zip Code

33625

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	D	<input type="checkbox"/> Delete
NAME	DRAYNE, MARK	
STREET ADDRESS	6303 WALSH COURT	
CITY-ST-ZIP	TAMPA FL 33625-5624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 813/960-0851

Date

Daytime Phone #

CR2E034 (9/99)