2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067528

KRYPTONITE CONTRACTING, INC.

VICKORY, TIM M

SIGNATURE

11.

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

10236 N. VALLE DR. **TAMPA FL 33612**

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

VICKORY, TIM M

TAMPA FL 33612

10236 N. VALLE DR.

VICKORY, CARLA J

10236 N. VALLE DR.

TAMPA FL 33612

(See criteria on back)

DPT

DVS

Principal Place of Business .	Mailing Address	_
10236 N. VALLE DR. Tampa FL 33612	10236 N. VALLE DR. TAMPA FL 33612-6571	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zin Country	Zin	Country

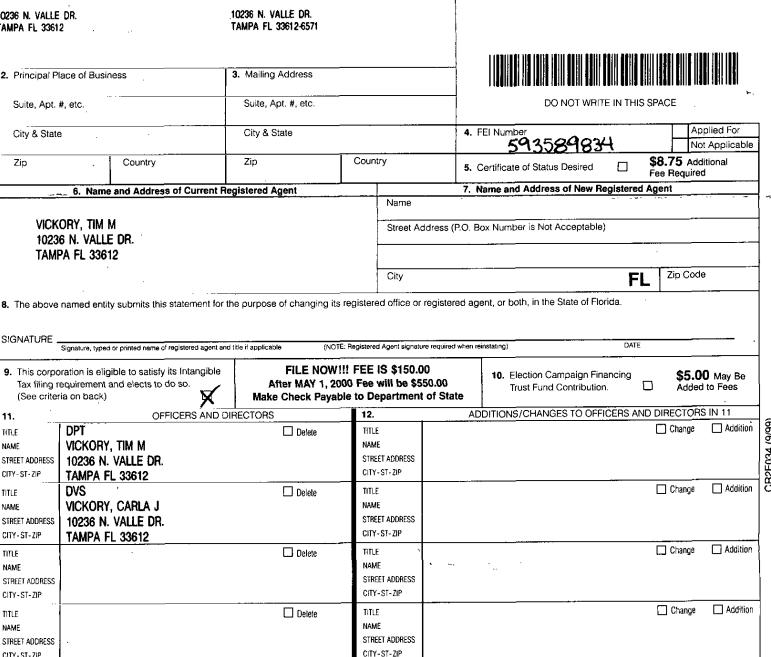
6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILED Apr 14, 2000 8:00 am Secretary of State

04-14-2000 90108 034 ***150.00



I hereby certify that the information supplied with this filling 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.

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

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NAME STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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Change

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