

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076627

1. Entity Name

KD4 CREATIVE SERVICES AND MARKETING, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90023 009 ***150.00

Principal Place of Business Mailing Address
1100 SW 12TH ST 1100 SW 12TH ST
POMPANO BEACH FL 33069 POMPANO BEACH FL 33304-1924

2. Principal Place of Business 3. Mailing Address
1219 NE 4th Ave 1219 NE 4 Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ft Lauderdale FL Ft Lauderdale FL
Zip Country Zip Country
33304 Broward 33304 Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number 650943897 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

NICOLO, RICHARD
1100 SW 12TH ST
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name Kristian Provell
Street Address (P.O. Box Number is Not Acceptable)
~~P.O. Box 12 St~~
1219 NE 4th Ave
Ft Lauderdale FL Zip Code 33304
Pompapo Beach 33069

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PROVELL, R KRISTIAN	
STREET ADDRESS	1100 SW 12TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	NICOLO, RICHARD	
STREET ADDRESS	1100 SW 12TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1219 NE 4 Ave	
CITY-ST-ZIP	Ft Lauderdale FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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		

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:

Kristian Provell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #