

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078971

1. Entity Name
B KIRBY COMMUNICATIONS, INC.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90522 023 ***158.75

Principal Place of Business
269 CHICAGO WOODS CIRCLE
ORLANDO FL 32824

Mailing Address
269 CHICAGO WOODS CIRCLE
ORLANDO FL 32824

814577



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5532 SCARAMUCHE LANE
Suite, Apt. #, etc.

3. Mailing Address
5532 SCARAMUCHE LANE
Suite, Apt. #, etc.

City & State
ORLANDO FLORIDA
Zip
32821
Country
ORANGE

City & State
ORLANDO FLORIDA
Zip
32821
Country
ORANGE

4. FEI Number **59-3596246**
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

KIRBY, BOB
269 CHICAGO WOODS CIRCLE
ORLANDO FL 32824

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **Bob Kirby** **2-16-01**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P KIRBY, BOB 269 CHICAGO WOODS CIRCLE ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIRBY, BOB 5532 SCARAMUCHE LANE ORLANDO FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Bob Kirby** **2-16-01** **457-477-7773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)