

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079374

1. Entity Name  
KEJO, INC.

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90059 026 \*\*\*150.00

Principal Place of Business  
2931 HAVENDALE BLVD.  
WINTER HAVEN FL 33881

Mailing Address  
2931 HAVENDALE BLVD.  
WINTER HAVEN FL 33881

2. Principal Place of Business  
26 Spint Lake Rd  
Suite, Apt. #, etc.

3. Mailing Address  
26 Spint Lake rd.  
Suite, Apt. #, etc.

City & State  
Winter Haven FL  
Zip  
33880  
Country  
poik

City & State  
Winter Haven, FL  
Zip  
33880  
Country  
poik

4. FEI Number 59-3596830

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

COCHRAN, KEVIN  
2931 HAVENDALE BLVD.  
WINTER HAVEN FL 33881

## 7. Name and Address of New Registered Agent

Name  
Cochran, Kevin  
Street Address (P.O. Box Number is Not Acceptable)  
26 Spint Lake rd.  
City  
Winter Haven FL Zip Code  
33880

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

2-16-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCHRAN, KEVIN <del>100 W JULIANA WAY</del> AUBURNDALE FL 33823	<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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cochran, Kevin 26 Spint Lake rd Winter Haven, FL 33880	<input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-01

Date

263-294-9805

Daytime Phone #

CR2E034 (10/00)

0881617