

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 07, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P99000081181****1. Entity Name**  
**KIRBY ENTERPRISES, INC.****Principal Place of Business**

4702 W. HERON LN.

TAMPA  
33629

FL

**Mailing Address**

4702 W. HERON LN.

TAMPA  
33629

FL

**2. Principal Place of Business**

7141 TRYSAIL CIRCLE

Suite, Apt. #, etc.

**City & State**

TAMPA

FL

Zip  
33607

Country

**3. Mailing Address**

7141 TRYSAIL CIRCLE

Suite, Apt. #, etc.

**City & State**

TAMPA

FL

Zip  
33607

Country

**4. FEI Number****59-3602589****Applied For****Not Applicable****5. Certificate of Status Desired**☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**GONZALEZ JOE MESQ  
4702 W. HERON LN.TAMPA  
33629

FL

**7. Name and Address of New Registered Agent****Name**

GONZALEZ JOE MESQ

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

7141 TRYSAIL CIRCLE

City  
TAMPA

FL

Zip Code  
33607**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)

**09/07/2000**

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	DPST		<input type="checkbox"/> Delete
NAME	KIRBY	RICHARD S	
STREET ADDRESS	4702 W. HERON LN.		
CITY-ST-ZIP	TAMPA FL 33629		

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		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	DPST		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIRBY	RICHARD S		
STREET ADDRESS	7141 TRYSAIL CIRCLE			
CITY-ST-ZIP	TAMPA FL 33607			

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			

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			

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:** Richard S. Kirby

dpst

09/07/2000