## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000098126

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

1. Entity Name

KIM GUICE, INC.

Principal Place of Business 850 RIVERSIDE DR. **CORAL SPRINGS FL 33071** 

2. Principal Place of Business

= - GUICE, KIM

850 RIVERSIDE DR. CORAL SPRINGS FL 33071

9. This corporation is eligible to satisfy its Intangible

850 RIVERSIDE DR.

**CORAL SPRINGS FL 33071** 

Tax filing requirement and elects to do so.

**GUICE, KIM** 

(See criteria on back)

D

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME 7-

CITY-ST-ZIP

CITY-ST-ZIP

Mailing Address

850 RIVERSIDE DR.

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

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12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

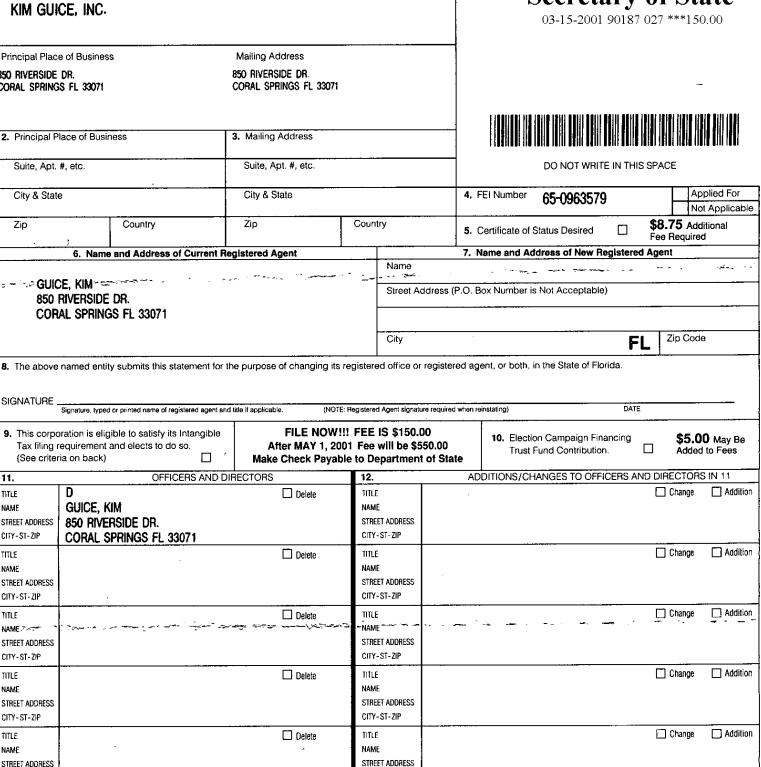
CITY-ST-ZIP

Name

City

CORAL SPRINGS FL 33071

## FILED Mar 15, 2001 8:00 am Secretary of State



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.

CITY-ST-ZIP

Change

☐ Addition