

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099417

1. Entity Name
KM CONSTRUCTORS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90160 037 ***150.00

Principal Place of Business Mailing Address
521 WEKIVA COVE RD 521 WEKIVA COVE RD
LONGWOOD FL 32779 LONGWOOD FL 32779-5643

Same Same

2. Principal Place of Business 3. Mailing Address
521 Wekiva Cove Rd. 521 Wekiva Cove Rd.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Longwood, FL Longwood, FL
Zip Country Zip Country
32779 Seminole 32779 Seminole

4. FEI Number 59-3606926 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SMITH, LANCE D
2781 W STATE RD 434
LONGWOOD FL 32779

7. Name and Address of New Registered Agent
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 Karen Trubenbach
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Trubenbach		NAME		
STREET ADDRESS	4601 K. Bridge Ln. 1834		STREET ADDRESS		
CITY-ST-ZIP	Apopka, FL 32703		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Karen Trubenbach Karen Trubenbach 4/19/00 9235501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Daytime Phone #

CR2E034 (9/99)