

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90300 047 ***150.00

DOCUMENT # P99000100633

1. Entity Name

KMC WEB, INC.

Principal Place of Business

197 DURANGO RD
 SUITE 2 D
 DESTIN FL 32541

Mailing Address

340 OLD HWY. 98.#23
 DESTIN FL 32541

2. Principal Place of Business

4507 Furling Ln.
 Suite, Apt. #, etc.
 # 306

3. Mailing Address

4507 Furling Ln.
 Suite, Apt. #, etc.
 # 306

City & State
 Destin FL

City & State
 Destin FL

Zip
 32541

Country
 Oklahoma

Zip
 32541

Country
 Oklahoma



DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3621274

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, KEVIN M
 10859 EMERALD COURT
 # 4-229
 DESTIN FL 32541

7. Name and Address of New Registered Agent

Name
 Kevin M. Campbell
 Street Address (P.O. Box Number is Not Acceptable)
 4507 Furling Ln. # 306
 City
 Destin FL Zip Code
 32550

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 *Kevin M. Campbell* Owner
 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, 2002 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	PSTD CAMPBELL, KEVIN M 10859 EMERALD COAST # 4-229 DESTIN FL 32550	<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	PSTD Campbell, Kevin M 4507 Furling Ln # 306 Destin, FL 32550 32541	<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: *Kevin M. Campbell* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-2002 850-650-6657

Date

Daytime Phone #

CR2E034 (9/01)