

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90186 035 ***150.00

DOCUMENT # S10279

1. Entity Name
KNC INCORPORATED



Principal Place of Business
**401 49TH ST. SOUTH
ST. PETERSBURG FL 33707**

Mailing Address
**KC'S KORNER RESTAURANT
401 49TH ST. SOUTH
ST. PETERSBURG FL 33707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3038516**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLINE, DIANE
223 79TH STREET SOUTH
ST. PETERSBURG FL 33707**

Name **Diane Cline**
Street Address (P.O. Box Number is Not Acceptable)
5804 Long Bayou Way S.
City **ST. Petersburg** FL **33708**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **KALPAKIS, NICK**
STREET ADDRESS **800 BAMBOO DRIVE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **CLINE, DIANE**
STREET ADDRESS **223 79TH STREET S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE **NT** ☒ Change ☐ Addition
NAME **Diane Cline**
STREET ADDRESS **5804 Long Bayou Way S.**
CITY-ST-ZIP **ST. Petersburg FL 33708**

TITLE **S** ☐ Delete
NAME **HENRIOTT, DONNA**
STREET ADDRESS **7259 57TH AVE N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE **S** ☒ Change ☐ Addition
NAME **Donna Henriott**
STREET ADDRESS **6875 11th Ave N.**
CITY-ST-ZIP **ST. Petersburg FL 33710**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03 727-327-7008
Date Daytime Phone #

CR2E034 (10/02)