

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90006 049 ***150.00

DOCUMENT # S26249

1. Entity Name

K&K ENTERPRISES OF ST. PETERSBURG, INC.

Principal Place of Business

**5701 LEELAND ST S
ST PETERSBURG FL 33715
US**

Mailing Address

**5701 LEELAND ST S
ST PETERSBURG FL 33715
US**

2. Principal Place of Business

**150 SECOND AVE NO
SUITE 790**

3. Mailing Address

BOX 66219

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETE FL

City & State

ST PETE Bch FL

Zip **33701**

Country **Pinellas**

Zip **33736**

Country **Pinellas**

4. FEI Number

37-1091858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KOESTER, WERNER W
5701 LEELAND ST S
ST. PETERSBURG FL 33715**

7. Name and Address of New Registered Agent

Name **KOESTER, W. W.**

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

150 Second Ave NO

SUITE 790

City **ST PETE FL**

FL

Zip Code **33701**

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 **W W KOESTER**

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

(NOTE: Registered Agent signature required when reinstating)

1-10-02

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 **DPS** ☐ Delete
NAME **KOESTER, WERNER W**
STREET ADDRESS **5701 LEELAND ST S**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **BOX 66219**
CITY-ST-ZIP **ST PETE Bch FL 33736**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02 727896-4500

Date

Daytime Phone #

CR2E034 (9/01)