

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90172 037 ***150.00

DOCUMENT # S31377

1. Entity Name

KEVIN "KIT" CARSON, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3209-A Spanish Wells Drive

3. Mailing Address

P O Box 1322

Suite, Apt. #, etc.

Delray Beach, FL 33445

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Tavernier, FL

4. FEI Number

59-3054640

Applied For

Not Applicable

Zip
33445

Country
USA

Zip
33070

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kevin "Kit" Carson

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

3209-A Spanish Wells Drive

City

Delray Beach

FL

Zip Code
33445

**DO NOT WRITE
IN THIS SPACE**

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

KEVIN "KIT" CARSON, *Kevin K. Carson* AGENT

April 21, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Kevin Kitpatrick Carson
3209-A Spanish Wells Drive
Delray Beach, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin K. Carson KEVIN K. CARSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 (305) 852-7170

Date

Daytime Phone #

CR2E034B (12/02)