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**FILED**
**Jul 04, 2002 8:00 am**
**Secretary of State**
05-13-2002 90157 044 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S32198

1. Entity Name

KEV, INC.

**DO NOT WRITE IN THIS SPACE**

[redacted]

37713

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 21 S. Lake Avenue | P.O. Box 892 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Avon Park, FL | City & State: Avon Park, FL |
| Zip: 33825 County: Highlands | Zip: 33826 County: Highlands |

4. FEI Number: 59-3051850 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Vera E Ballard

Street Address (P.O. Box Number is Not Acceptable): 2007 N. Lake Reedy Blvd.

City: Frostproof FL Zip Code: 33843

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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 | Kenneth J. Ballard P<br>P.O. Box 205 - 2007 N. Lk Reedy Blvd<br>Frostproof, FL 33843 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vera E. Ballard S<br>P.O. Box 205 - 2007 N Lk. Reedy Blvd<br>Frostproof, FL 33843 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Elizabeth J. Logullo V/P<br>300 N.E. 23rd Way<br>Boca Raton, FL 33431 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **DO NOT WRITE IN THIS SPACE** |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
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CR2E034B (12/01)

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

**SIGNATURE:** Vera E. Ballard Vera E. Ballard 4-24-02 (863) 453-8894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #