

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90172 020 ***150.00

DOCUMENT # S57536

1. Entity Name
KEVIN KAZANECKI, INC.

Principal Place of Business Mailing Address
603 HAMMOCK PINE BLVD **603 HAMMOCK PINE BLVD**
CLEARWATER FL 33761 **CLEARWATER FL 33761**
US **US**

2. Principal Place of Business 3. Mailing Address
2577 DOLLY BAY DRIVE **2577 DOLLY BAY DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT 203 **UNIT 203**

City & State City & State
PALM HARBOR, FL. 34684 **PALM HARBOR, FL.**
 Zip Country Zip Country
34684 **U.S.A.** **34684** **USA**

4. FEI Number **59-3067514** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MORGAN, KEVIN W.
603 HAMMOCK PINE BLVD
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2577 DOLLY BAY DRIVE
UNIT 203
 City **PALM HARBOR, FL.** **FL** Zip Code **34684**

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 *[Signature]* **(PRESIDENT)** DATE **4/22/02**
 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)

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	P	<input type="checkbox"/> Delete
NAME	MORGAN, KEVIN W.	<input checked="" type="checkbox"/> (NEW) ADDED
STREET ADDRESS	603 HAMMOCK PINE BLVD	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2577 DOLLY BAY DRIVE, UNIT 203
CITY-ST-ZIP	PALM HARBOR, FL. 34684
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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]* **KEVIN W. MORGAN (PRESIDENT)** DATE **4/22/02** DAYTIME PHONE # **(727) 669-4651**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)