

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S92158

1. Entity Name
KYLEASEY, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90011 045 ***150.00

Principal Place of Business

5206 SANDTRAP PLACE
VALRICO FL 33594
US

Mailing Address

C/O WALTER SANDERS
13910 N DALE MABRY SUITE 1
TAMPA FL 33618-2440
US

2. Principal Place of Business

3902 Prestwood Drive
Suite, Apt. #, etc.

3. Mailing Address

3355 BEARSS AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Valrico, Florida
Zip
33594

Country

City & State
Tampa, Florida
Zip
33618

Country

4. FEI Number 59-3091976

Applied For
Not Applicable

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

SANDERS, WALTER
13910 NORTH DALE MABRY HWY
SUITE ONE
TAMPA FL 33618

Name
Walter Sanders
Street Address (P.O. Box Number is Not Acceptable)
3355 BEARSS AVE
City
Tampa FL Zip Code
33618

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 *Walter Sanders* *Walter Sanders*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
3/21/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, ELLIE 3928 NORTHRIDGE DR VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 otherlike empowered.

SIGNATURE: *Ellie Lambert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
3-21-00
Daytime Phone #
813-685-4936

CR2E034 (9/99)