

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V11000

1. Entity Name

KISMAR CORPORATION

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90151 019 ***158.75

Principal Place of Business

925 BISHOP AVENUE
ORANGE CITY FL 32763

Mailing Address

2607 S WOODLAND BLVD
272
DELAND FL 32720-7001
US

2. Principal Place of Business

1065 S. MASS. AVE.

Suite, Apt. #, etc.

3. Mailing Address

1065 S. MASS. AVE.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DeLand FL

Zip

32724

Country

USA

City & State

DeLand FL

Zip

32724

Country

USA

4. FEI Number

59-3105223

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

ADAMS, MARY P.
1065 S. MASSACHUSETTS AVE
DELAND FL 32724

Name

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

City

FL

Zip Code

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

MARY P. ADAMS

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

(NOTE: Registered Agent signature required when changing)

DATE

4-24-2000

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	D	<input type="checkbox"/> Delete
NAME	ADAMS, MARY P.	
STREET ADDRESS	1065 S. MASSACHUSETTS AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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:

MARY P. ADAMS

MARY P. ADAMS

4-24-00

Date

904-738-3357

Daytime Phone #

CR2E034 (9/99)