## 2000 UNIFORM BUSINESS REPORT (UBR)

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## FILED Mar 01, 2000 8:00 am DOCUMENT # **V63137** 1. Entity Name **Secretary of State** KISH CONSTRUCTION INC. 03-01-2000 90023 017 \*\*\*150.00 Principal Place of Business Mailing Address 4421 NW 65TH TERRACE 4421 NW 65TH TERRACE GAINESVILLE FL 32606-4266 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3142226 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KISH, JOHN JR Street Address (P.O. Box Number is Not Acceptable) -4421-NW 65-TERRACE GAINESVILLE FL 32606 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE KISH, JOHN, JR. NAME STREET ADDRESS STREET ADDRESS 4421 NW 65TH TERRACE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Addition ☐ Delete Change TITLE NAME KISH, KATHLEEN B. NAME STREET ADDRESS STREET ADDRESS 4421 NW 65TH TERRACE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS 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 a other like empowered.