

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V68424

1. Entity Name

THE KDB CORPORATION

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90050 030 ***158.75

Principal Place of Business

~~3837 NORTHDAL BLVD. #355 TAMPA FL 33624 US~~
9420 Lazy Ln. D-11 Tampa, FL 33614

Mailing Address

~~3837 NORTHDAL BLVD. #355 TAMPA FL 33624-1841 US~~
5364 Ehrlich Rd #73 Tampa, FL 33624

2. Principal Place of Business

9420 Lazy Lane #D-11

Suite, Apt. #, etc.
Tampa, FL 33614

City State

3. Mailing Address

5364 Ehrlich Rd #73

Suite, Apt. #, etc.
Tampa, FL 33624

City State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3025726**

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

**BLACK, KAREN
9420 LAZY LANE
D-11
TAMPA FL 33614**

Name
Street Address (P.O. Box Number is Not Acceptable)
City State Zip Code
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	CVST	<input type="checkbox"/> Delete
NAME	BLACK, KAREN	
STREET ADDRESS	3837 NORTHDAL BLVD. #355	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLACK, DAVID	
STREET ADDRESS	3837 NORTHDAL BLVD. #355	
CITY-ST-ZIP	TAMPA FL	
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	CVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, KAREN	
STREET ADDRESS	5364 Ehrlich Rd #73	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, DAVID	
STREET ADDRESS	5364 Ehrlich Rd #73	
CITY-ST-ZIP	Tampa, FL 33624	
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/00 813/340-7730

CR2E034 (9/99)