

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90101 005 ***150.00

AT 01/23/02

DOCUMENT # 333077

1. Entity Name
KEVIN R. CO.

Principal Place of Business

**15 HOLLOW WAY
 GLEN COVE NY 11542
 US**

Mailing Address

**PO BOX 11
 GLEN HEAD NY 11545
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15 HOLLOW WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Glen Cove NY

4. FEI Number

23-1706736

Applied For

Not Applicable

Zip

Country

Zip

Country

11542

USA

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

**BERGEN, PATRICIA
 1648 JUPITER COVE DT
 APT 315
 JUPITER FL 33469**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
P
 NAME **CALAMARI, RAYMOND M**
 STREET ADDRESS **15 HOLLOW WAY**
 CITY-ST-ZIP **GLEN COVE NY 11542**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
ST
 NAME **CALAMARI, LEONORA**
 STREET ADDRESS **15 HOLLOW WAY**
 CITY-ST-ZIP **GLEN COVE NY 11542**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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 information.

SIGNATURE: *Raymond M Calamari* Pres 1/9/02 516 759-3634
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)