

2001 UNIFORM BUSINESS REPORT (UBR)

3/2/

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-02-2001 90033 044 ***150.00

DOCUMENT # P00000044046

1. Entity Name
K-2 CONCRETE CUTTING, INC.

Principal Place of Business Mailing Address
~~3912 BALLINORE PLACE~~ ~~3912 BALLINORE PLACE~~ Bay Coast Center
~~GOTHA FL 34734~~ ~~GOTHA FL 34734~~ Ste 110
 Bay Coast Center Ste 110 9406 E. U.S. Hwy 92
 9406 E. U.S. Hwy 92 Tampa FL 33610
 Tampa FL 33610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3644530		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
Zip	Country	Zip	Country	Name: Kenneth R. Kelzer		Street Address (P.O. Box Number is Not Acceptable): Bay Coast Center, Suite 110
Zip		Country		City: Tampa, FL 33610 FL		Zip Code

POOLE, WILLIAM F-IV 200 EAST ROBINSON ST., NO 1180 ORLANDO FL 32801		Kenneth R. Kelzer 3912 Ballinore place Gotha, fl 34734		Kenneth R. Kelzer Bay Coast Center, Suite 110 9406 E. U.S. Hwy 92 Tampa, FL 33610 FL	
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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: *Kenneth R. Kelzer* DATE: **3-19-01**

Signature, typed or printed name of registered agent and date 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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KELZER, KENNETH R	NAME			
STREET ADDRESS	3912 BALLINORE PLACE	STREET ADDRESS			
CITY-ST-ZIP	GOTHA FL 34734	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: *Kenneth R. Kelzer* **Kenneth R. Kelzer** Date: **2-22-01** Daytime Phone #: **813-927-5565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)