

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90028 026 \*\*\*150.00

**DOCUMENT # P39596**

1. Entity Name

**K.A.B. DESIGNS, INC. OF COLORADO**

Principal Place of Business

Mailing Address

455 EAST PIKES PEAK AVENUE  
 SUITE #305  
 COLORADO SPRINGS CO 80903  
 US

455 EAST PIKES PEAK AVENUE  
 SUITE #305  
 COLORADO SPRINGS CO 80903-3674  
 US

00000443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**84-0790617**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GRAY, N. DWAYNE, JR.**  
**201 S. ORANGE AVE., SUITE 1060**  
**ORLANDO FL 32801**

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)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PANKEY, VICTOR S.</b>	NAME	
STREET ADDRESS	<b>3624 SHEARER CROSSING</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BONSALL CA</b>	CITY-ST-ZIP	
TITLE	VCV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PANKEY, PETER S.</b>	NAME	
STREET ADDRESS	<b>4800 LEGRAY ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ARVIN CA</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHOI, CHARLES Y.</b>	NAME	<i>Charles Choi</i>
STREET ADDRESS	<b>526 PENROSE BOULEVARD</b>	STREET ADDRESS	<i>7000 Highland br.</i>
CITY-ST-ZIP	<b>COLORADO SPRINGS CO</b>	CITY-ST-ZIP	<i>Lakewood CO 80215</i>
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILDERBRAND, JERRY R.</b>	NAME	
STREET ADDRESS	<b>455 E. PIKES PEAK AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COLORADO SPRINGS CO</b>	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: *Jerry Hilderbrand*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

51.00  
 Date

719.634.7815  
 Daytime Phone #

CR2E034 (9/99)