

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015579

1. Entity Name

K AND A COMMUNICATIONS, INC.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90125 025 \*\*\*150.00

Principal Place of Business

Mailing Address

4205 76TH STREET WEST  
 BRADENTON FL 34209

4205 76TH STREET WEST  
 BRADENTON FL 34209-5043

00024170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1703 54<sup>TH</sup> ST CT W

1703 54<sup>TH</sup> ST CT W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

BRADENTON FL

BRADENTON FL

65-0903707

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

34209

USA

34209

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOTTINGHAM, KENT  
 4205 76TH STREET WEST  
 BRADENTON FL 34209

Name

Street Address (P.O. Box Number is Not Acceptable)

1703 54<sup>TH</sup> ST CT W.

City

BRADENTON

FL

Zip Code  
 34209

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 Kent O. [Signature]  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/26/00  
 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	NOTTINGHAM, KENT <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	1703 54 <sup>TH</sup> ST CT W. P/S/T/D
CITY-ST-ZIP	BRADENTON, FL 34209

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
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"/> Delete
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CITY-ST-ZIP	

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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: Kent O. [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00  
 Date

(941) 761-8129  
 Daytime Phone #

CR2E034 (9/99)