

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90346 030 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G37665**

1. Entity Name

KAYFOUR, INC.

DO NOT WRITE IN THIS SPACE

BD053871

2. Principal Place of Business

10496 W HALLS RIVER RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOMDSASSA, FL

City & State

4. FEI Number

59-2362403

Applied For

Not Applicable

Zip

34448

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Don Hess**

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

10496 W. HALLS RIVER RD.

City **HOMDSASS**

FL

Zip **34448**

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IN THIS SPACE

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 **DON HESS PRESIDENT**
NAME **10496 W HALLS RIVER RD.**
STREET ADDRESS **HOMDSASS FL 34448**
CITY-ST-ZIP

TITLE **CHERYL THOMAS VICE PRESIDENT**
NAME **10496 W. HALLS RIVER RD.**
STREET ADDRESS **HOMDSASSA FL 34448**
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Don Hess

Don Hess - President

3-5-02

352-628-0312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)