2002 Uniform Business Report (UBR)

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Apr 18, 2002 8:00 am Secretary of State L63707 DOCUMENT # 1. Entity Name 04-18-2002 90434 006 ***150.00 DEBORAH KAY PRICE ENTERPRISES, INC. Principal Place of Business Mailing Address 24 SOUTH FIRST STREET 24 SOUTH FIRST STREET LAKE WALES FL 33853 LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2998847 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRYANT, DEBORAH K Street Address (P.O. Box Number is Not Acceptable) 950 ALDO ROAD BABSON PARK FL 33827 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. \square Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRYANT, DEBORAH K NAME NAME 24 SOUTH FIRST STREET STREET ADDRESS. STREET ADDRESS LAKE WALES FL 33853 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □.Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TTLE TITLE ☐ Change Addition NAME TREET ADDRESS STREET ADDRESS IY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME ET ADDRESS STREET ADDRESS ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME ET ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP 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 receipt 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

E OF SIGNING OFFICER OR DIRECTOR

4.4-02 863-676-6260

Daytime Phone #