

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

0143631 AT

09-08-2003 90140 015 ***550.00

DOCUMENT # P01000022021

1. Entity Name
KAMV, INC.



Principal Place of Business
**1815 S PARROTT AVE
OKEECHOBEE FL 34974**

Mailing Address
**1815 S PARROTT AVE
OKEECHOBEE FL 34974**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1083547**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**BARANY, KURT J
1815 S PARROTT AVE
OKEECHOBEE FL 34974**

Name **KURT BARANY**

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

8301 BAYARD ROAD

City **Fort Pierce FL** Zip Code **34951**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kurt J Barany*

DATE 9/3/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P BARANY, KURT J**
STREET ADDRESS **1815 S PARROTT AVE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DVP BARANY, APRIL**
STREET ADDRESS **1815 S. PARROTT AV**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD HOLCOMB, IRVIN S**
STREET ADDRESS **286 GRANDUER DR**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DT HOLCOMB, JOSEPH8NE B**
STREET ADDRESS **268 NE GRANDUER AV**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE RE BARANY*

DATE 9/3/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E034 (4/03)