2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State
07-14-2003 90166 024 ***150.00

DOCUMENT # P02000076322

1. Entity Name
KTM INDUSTRIES, INC.

Principal Place of Business	Mailing Address
PO BOX 24171 TAMPA FL 33623-4171	PO BOX 24171 TAMPA FL 33623-4171

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 51-0417525 ☐ Applied For ☐ Not Applicable

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
DALEY, TERENCE J 4009 WEST ANGLES STREET TAMPA FL 33629	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. I am familiar with, and accept the obligations of registered agent.

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D MEAD, KEVIN T PO BOX 24171 TAMPA FL 33623-4171	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 REQUIRED Kevin Mead 7-3-03 727-686-4520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

90142127

P02000076322

KTM Industries, Inc.
P.O. Box 24717
Tampa, Fl. 33623-4171

To:	Department of State Division of Corporations
From:	Kevin T. Mead, Director
Subject:	Annual Report s607.1622
Pursuant to:	s. 606.06
Corporation name:	KTM Industries, Inc. Florida, USA
Incorporated:	September 30, 2002
Address:	P.O. Box 24717 Tampa, Fl. 33623-4171
Federal EIN:	51-0417525

As director of a new corporation I wish to declare that I did not receive a prior notice for submitting my UBR with the Department of State under s.607.1622, s.608.452, or s.620.177 and request the late fee be waived.

Included please find my check for $150.00 U.S.

Regards,

Kevin T. Mead