## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 21, 2002 8:00 am Secretary of State P97000073172 DOCUMENT # 1. Entity Name 05-21-2002 91143 013 \*\*\*150.00 KAG ENTERPRISE, INC. Principal Place of Business Mailing Address BOX 10654 4801 37TH ST. N. ST. PETE FL 33733 SAINT PETERSBURG FL 33711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State · City & State 59-3469196 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDBERG, ALAN Street Address (P.O. Box Number is Not Acceptable) 4801 37TH ST. N. SAINT PETERSBURG FL 33711 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE TITLE Delete NAME **GOLDBERG. ALAN** NAME STREET ADDRESS 751 PINELLAS BAYWAY #103 STREET ADDRESS CITY-ST-7IP TIERRA VERDE FL 33715 CITY-ST-ZIP ☐ Change ☐ Addition TITI F **▼** Delete TITLE NAME GOLDBERG, KATHY NAME STREET ADDRESS STREET ADDRESS 751 PINELLAS BAYWAY #103 CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL 33715 TITLE ☐ Delete TITLE ☐ Change ☐ Addition - NAMF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 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

**FILED**