2001 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2001 8:00 am DÖCUMENT # P95000033099 **Secretary of State** 1. Entity Name K & R RETAIL, INC. 02-12-2001 90229 019 ***150.00 Principal Place of Business Mailing Address 11833 OVERSEAS HIGHWAY 712 60TH ST GULF 715133 MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0574713 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORTMANN, RICHARD G Street Address (P.O. Box Number is Not Acceptable) 712 60TH ST GULF MARATHON FL 33050 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. 12. TITLE ☐ Delete NAME FORTMANN, RICHARD G NAME STREET ADDRESS STREET ADDRESS 11833 OVERSEAS HWY CITY-ST-ZIP CITY-ST-ZIP MARATHON FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition FORTMAN, KATHLEEN NAME STREET ADDRESS STREET ADDRESS 11833 OVERSEAS HWY CITY-ST-ZIP CITY-ST-ZIP MARATHON FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME

3. 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 with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

SIGNATURE: POS FORTINANN 2/8/01 (305)743-244L

:R2E034 (10/00)

FILED