FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91742 019 ***550.00

DOCUMENT # P99000093111

1. Entity Name
KPSL.COM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
87200 Overseas Highway	107900 Overseas Highway
Suite, Apt. #, etc. Unit T9	Suite, Apt. #, etc.
City & State: Islamorada, FL	City & State: Key Largo, FL
Zip: 33036 Country: USA	Zip: 33037 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0955872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Det H. Joks
Street Address (P.O. Box Number is Not Acceptable): 10689 N. Kendall Drive
Suite 310
City: Miami **FL** Zip Code: 33176

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] Ken A. Papineau VTD 5/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	TITLE	
NAME	LeBlanc, A. Susan	NAME	
STREET ADDRESS	87200 Overseas Hwy., Unit T9	STREET ADDRESS	
CITY-ST-ZIP	Islamorada, FL 33036	CITY-ST-ZIP	
TITLE	VTD	TITLE	
NAME	Papineau, Ken A.	NAME	
STREET ADDRESS	87200 Overseas Hwy., Unit T9	STREET ADDRESS	
CITY-ST-ZIP	Islamorada, FL 33036	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Ken A. Papineau VTD 5/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #