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

## 422037 **DOCUMENT #**

1. Entity Name

KOKOMO TOOL COMPANY, INC.									
Principal Place of Bu 918 W. FIRST STREE SANFORD FL 32771		Mailing Address 918 W. FIRST STREET SANFORD FL 32771	-						
2. Principal Place of Business		3. Mailing Address			- F 18411 Billie III III HEH BEIDE WITH CETT SURM BIBM BIBM BIBM BIBM BIBM				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-1454821 - Applied F Not Appli				
Zip	Country	Zip	Country	<u></u>	5. Certificate of Status Desired S8.75 Additional Fee Required				
- 6	Name and Address of C	urrent Registered Agent	<u> </u>	7. Name and Address of New Registered Agent					
	Transcript		Na	me					
JACKSON, PAU 1635 OAK VALI		Str	Street Address (P.O. Box Number is Not Acceptable)						
LONGWOOD FI	L 32/30		Cit	у	FL Zip Code				
8. The above name	ed entity submits this stater	nent for the purpose of changing it	ts registered off	ice or registe	ered agent, or both, in the State of Florida. I am familiar with, and acce				

## **FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90482 025 \*\*\*150.00

Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			<b>4</b> . F	4. FEI Number 59-1454821			olied For		
ONY C CICLO					_		<u>_</u>		Applicable			
Zip		Country	Zip Co		untry		6. 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							
					Name							
JACKSON, PAUL W., JR.					Street Address (P.O. Box Number is Not Acceptable)							
1635 OAK				<u> </u>								
LONGWOOD FL 32750					<u></u>				<del></del>			
İ					City FL Zip Code							
8. The above	named entity	submits this statement for the p	urpose of changing its	register	ed office or registe	ered ag	ent, or both, in the State of Flori	da. Lam	ramiliar with, a	and accept		
	ions of registe											
CICNIATURE			<u></u>									
SIGNATURE -	Signature, typed o	or printed name of registered agent and title	if applicable. (NOTI	: Registere	ed Agent signature requir	ed when re	einstaling)	DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					· ·		Election Campaign Fina     Trust Fund Contribution.	ncing [		May Be to Fees		
	- ayable to			11.		ΑΓ	I DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	3 IN 11		
10.		OFFICERS AND DIREC	☐ Delete	TITL					☐ Change	Addition		
TITLE	P	DALIE W/ ID	L. Delete	NAN						_		
NAME		, Paul W., Jr. Valley drive			REET ADDRESS					Ì		
STREET ADDRESS CITY-ST-ZIP	LONGWOO	YALLET DRIVE		CIT	Y-ST-ZIP							
TITLE	V		☐ Delete	TITI	LE				☐ Change	☐ Addition		
NAME	. •	, RAYMOND G.		, NA	ME							
STREET ADDRESS		ERRY ROAD		STE	REET ADDRESS							
CITY-ST-ZIP		ALTAMONTE SPRINGS FL CITY										
TITLE			☐ Delete	TIT	LE				Change	Addition		
NAME		, MICHAEL K.		NA	ME							
STREET ADDRESS		ST STREET		STI	REET ADDRESS							
CITY-ST-ZIP	SANFORD			CIT	Y-ST-ZIP							
TITLE			☐ Delete	TIT	LE .				Change	Addition		
NAME				NA								
STREET ADDRESS					REET ADDRESS							
CITY-ST-ZIP				CIT	Y-ST-ZIP							
TITLE			☐ Delete	TIT					Change	☐ Addition		
NAME					ME							
STREET ADDRESS					REET ADDRESS							
CITY-ST-ZIP	<u></u>			- CII	FY-ST-ZIP					Addition		
TITLE			☐ Delete	TIT	I .				Change	☐ Addition		
NAME					ME							
STREET ADDRESS					REET ADDRESS							
CITY-ST-ZIP	<u> </u>				TY-ST-ZIP	Carrie	. 440 OZ/OVI) Florido Ctotutos I	further or	artify that the i	information		
12. I hereby	certify that the	e information supplied with this	filing does not qualify fo	or the ex	remption stated in	Section	119.07(3)(i), Florida Statutes. I	TUITING CE	am an affica	r or director		

Increase certify that the information supplied with this filling does not qualify for the exemption stated in Section (19.07(3)(1), 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: Kauma

CR2E034 (10/02)