

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 561540

1. Entity Name

KALEIDOSCOPE LIMITED, INC.

Principal Place of Business

U S 27 SOUTH  
PO BOX 48  
LAMONT FL 32336

Mailing Address

P O BOX 48  
LAMONT FL 32336-048  
~~US~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SKILES, STEPHEN  
697 FOREST LAIR  
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
WITTER, RAY E.  
12746 SPRUCE POND RD.  
TOWN & COUNTRY MO

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVT  
SKILES, STEPHEN  
697 FOREST LAIR  
TALLAHASSEE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
SKILES, EMILY  
697 FOREST LAIR  
TALLAHASSEE, F L

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
WITTER, RAY E. JR  
2651 EGRET LANE  
TALLAHASSEE FL

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90375 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0462082

CR2E034 (10/00)

1-04-01 (850) 997-4569