## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 580971 Apr 14, 2000 8:00 am Secretary of State 1. Entity Name KFR, INC. 04-14-2000 90082 034 \*\*\*150.00 Principal Place of Business Mailing Address 2321 COUNTRY CLUB DR 2321 COUNTRY CLUB DR TITUSVILLE FL 32780-5203 TITUSVILLE FL 32780 637267 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number -59-1856610 Not Applicable Country Zip 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 BROOKS, RUSSELL G Street Address (P.O. Box Number is Not Acceptable) 2321 COUNTRY CLUB DR TITUSVILLE, FL 32780 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VSD ☐ Change Addition ☐ Delete TITLE TITLE **BROOKS, FLORENCE A** NAME NAME 2321 COUNTRY CLUB DR STREET ADDRESS STREET ADDRESS TITUSVILLE, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE BROOKS, RUSSELL G NAME 2321 COUNTRY CLUB DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 00000 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 furstee 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

4-10-2000