2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 626766

Entity Name: KOV, INC.

FILED Jan 21, 2002 8:00 AM Secretary of State

8595 COLLEGE PARKWAY 1013 SE 12TH AVE

FT MYERS, FL 33919 US CAPE CORAL, FL 33990 US

Current Mailing Address: New Mailing Address:

P. O. BOX 150790

CAPE CORAL, FL 339150790 US

FEI Number: 52-1156543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHAPIRO, SAMUEL 1820 SE 36TH TERRACE CAPE CORAL, FL 33904 US

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:

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Delete Title: D (X) Change () Addition

 Name:
 SHAPIRO, SAMUEL,
 Name:
 SHAPIRO, SAMUEL,

 Address:
 1820 SE 36 TERR
 Address:
 1820 SE 36 TERR

 City-St-Zip:
 CAPE CORAL, FL
 City-St-Zip:
 CAPE CORAL, FL

Title: P () Delete Title: D (X) Change () Addition

 Name:
 PALUMBO, NANNETTE,
 Name:
 PALUMBO, NANNETTE,

 Address:
 1021 SW 37TH ST
 Address:
 1021 SW 37TH ST

 City-St-Zip:
 CAPE CORAL, FL
 City-St-Zip:
 CAPE CORAL, FL

Title: S () Delete Title: D (X) Change () Addition

 Name:
 SHAPIRO, MAÉ,
 Name:
 SHAPIRO, MAÉ,

 Address:
 1820 SE 36 TERRACE
 Address:
 1820 SE 36 TERRACE

 City-St-Zip:
 CAPE CORAL, FL
 City-St-Zip:
 CAPE CORAL, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL SHAPIRO D 01/21/2002