

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000000259

1. Entity Name
KMA MANAGEMENT, INC.



Principal Place of Business
2236 ENCINITAS BLVD., STE G
ENCINITAS CA 92024

Mailing Address
2236 ENCINITAS BLVD., STE G
ENCINITAS CA 92024

03 OCT 14 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 33-0684388

Applied For
Not Applicable

5. 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

MCCARDLE, L. BRUCE
12412 SAN JOSE BLVD., STE 102
JACKSONVILLE FL 32223

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

L. BRUCE McCARDLE 10/10/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WRIGHT, CAESAR
STREET ADDRESS 2236 ENCINITAS BLVD., STE G
CITY-ST-ZIP ENCINITAS CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME BRANON, DIANE
STREET ADDRESS 2236 ENCINITAS BLVD., STE G
CITY-ST-ZIP ENCINITAS CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD
NAME BRANON, MICHAEL
STREET ADDRESS 2236 ENCINITAS BLVD., STE G
CITY-ST-ZIP ENCINITAS CA

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DIANE H BRANON

10/9/03

760-634-5495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

0151098 MB