

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90190 015 ***150.00

DOCUMENT # F02000005323

1. Entity Name
K-1 TECHNOLOGIES INC.



Principal Place of Business
**8677 VILLA LA JOLLA DR., SUITE 1101
SAN DIEGO CA 92037**

Mailing Address
**1950 1ST AVE. N., SUITE 308
ST PETERSBURG FL 33713**

2. Principal Place of Business
8677 Villa La Jolla Dr.

Suite, Apt. #, etc.
SUITE 1101

3. Mailing Address
8800 49th St. North

Suite, Apt. #, etc.
SUITE 304

City & State
SAN DIEGO CA

City & State
Pine Hills Park, FL

Zip
92037

Country
US

Zip
33782

Country
US

4. FEI Number
33-0950746

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SZUSZKIEWICZ, JACK
1950 1ST AVE. N., SUITE 308
ST PETERSBURG FL 33713**

**SZUSZKIEWICZ, JACK
8800 49th St. N, St. 304
Pine Hills Park, FL
33782**

7. Name and Address of New Registered Agent

Name
JACK SZUSZKIEWICZ

Street Address (P.O. Box Number is Not Acceptable)

8800 49th St. North

City
Pine Hills Park

FL Zip Code
33782

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

1-20-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PS
RAZI, KAY
6012 16TH LN. NE
ST PETERSBURG FL 33713** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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

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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-03

Date

Daytime Phone #

CR2E034 (10/02)