2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F68300

1. Entity Name

KINGSWAY PROPERTIES, INC.



FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90506 001 ***300.00

LAKE SUZY FL 34269 US Suite, Apr. e, etc. Suite, Apr. e, etc. Suite, Apr. e, etc. City & State											
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City & State St. Rectificate of Status Desired St. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Street Address (P.D. Box Number is Not Acceptable) Street Address (P.D. Box Number is Not Acceptable) City FL ZP Code Street Address (P.D. Box Number is Not Acceptable) City FL ZP Code City FL ZP Code City FL ZP Code Street Address (P.D. Box Number is Not Acceptable) City FL ZP Code City FL ZP Cod	2. Principal Place of Bus	3. Mailing Address							411 013 11 0101	41011 1001	
Section Sect	Suite, Apt. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
BISHOP, BRAD 12577 SW KINGSWAY CR LAKE SUZY FL 34269 City FL Zip Code FL Zip Code After May 12, 2003 Fee will be \$55.00 May Be Be After Aiderson Fee Added to Fees After May 12, 2003 Fee will be \$55.00 May Be Added to Fees City FL Zip Code FL Zip Code FL Zip Code After May 12, 2003 Fee will be \$55.00 May Be Added to Fees Titl City City FL Zip Code FL	City & State	City & State			City & State			4. FEI Number 59-2189561			
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City	6. Name and Address of Current Registered Agent						7. N	ame and Address of New Regi	stered Age	nt	
12577 SW KINGSWAY CR LAKE SUZY FL 34269 City FL Zip Code 6. 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 colligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILL NAME SIRET ADDRESS CITY-ST-ZIP UNE SUZY FL 34269 TITLE PD SCHMIDT, HAROLD E SIRET ADDRESS CITY-ST-ZIP TITLE Detele TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE Detele TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE Detele TITLE NAME SIRET ADDRESS CITY-ST-ZIP Change Addition NAME SIRET ADDRESS CITY-ST-ZIP TITLE Change Addition A		_				Name		-	· 		
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	LAKE SUZY FL 3426	9						•			
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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		he information supplied with	this filing d	loes not qualify for			ction 1	19.07(3)(i), Florida Statutes I fur	ther certify t	that the in	ormation
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.	indicated on this repo of the corporation or	ort or supplemental report is the receiver or trustee empo	true and a owered to e	ccurate and that m xecute this report :	ny signatu as require	ire shall have the s	ame le	gal effect as if made under oath	that I am a	an officer o	or director

4-28-03