

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

0122999 AV

04-24-2003 90207 040 ***150.00

DOCUMENT # F93000001184



1. Entity Name
K SQUARE CONSULTING, INC.

Principal Place of Business
**540 WATSON DR.
INDIALANTIC FL 32903**

Mailing Address
**540 WATSON DR.
INDIALANTIC FL 32903**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **58-1935127**

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

7. Name and Address of New Registered Agent

**KEITH, RICHARD KENT
540 WATSON DR.
INDIALANTIC FL 32903**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CDP	<input type="checkbox"/> Delete
NAME	KEITH, RICHARD KENT	
STREET ADDRESS	540 WATSON DR.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	KEITH, MARY HELEN	
STREET ADDRESS	540 WATSON DR.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KEITH, MARY HELEN	
STREET ADDRESS	540 WATSON DR.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEITH, JENNIFER MARIE	
STREET ADDRESS	404 HILLSIDE DR	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *R. K. Keith* **R. K. Keith**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-03 **321-722-0587**
Date Daytime Phone #

CR2E034 (10/02)