2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State DÖCUMENT # F9400002528 1. Entity Name KD KANOPY, INC. 04-28-2001 90082 035 ***150 00 Principal Place of Business Mailing Address 3755 W 69TH PLACE 3755 W. 69TH PLACE WESTMINSTER CO 80030 WESTMINSTER CO 80030 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 84-0951997 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent: - ----Name HUBBARD, DAVID Street Address (P.O. Box Number is Not Acceptable) 7044 WHITTINGTON CT. **NEW PORT RICHEY FL 34653** Zip Code City FL 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE LYNCH, JAMES NAME NAME STREET ADDRESS STREET ADDRESS **3755 W 69TH PLACE** CITY-ST-ZIP CITY-ST-ZIP WESTMINSTER CO ☐ Addition ☐ Change Delete TITLE TITLE **BLACK, CHARLES** NAME NAME STREET ADDRESS **3755 W 69TH PLACE** STREET ADDRESS CITY-ST-ZIP CITY_ST_7IP WESTMINSTER CO Change ___ Addition_ TITLE ☐ Delete MATTHEWS, JOHN NAME NAME STREET ADDRESS **3755 W 69TH PLACE** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WESTMINSTER CO Change ☐ Addition TITLE ☐ Delete TITLE NAME Jerman, Pat NAME STREET ADDRESS STREET ADDRESS 3755 W 69TH PLACE CITY-ST-ZIP CITY-ST-ZIP WESTMINSTER CO ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OFFICIENT DATE OF SIGNING OFFICER OR DIRECTOR

Date

Date

Deviline Phone #