FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Apr 22, 2002 8:00 am Secretary of State DOCUMENT # F94000005912 1. Entity Name 04-22-2002 90194 044 ***150.00 K AND E WEATHER LTD, INC. Principal Place of Business Mailing Address 4250 EXPRESS ST 100-3 SUMMER PLACE UNDIVITAL ORLANDO FL 32827 MERRITT ISLAND FL 32952 US 2. Principal Place of Business 3. Mailing Address 3260 CANAVERAL GROVES BINS Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3247083 LOCOA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KALBERER RICHARD J. KALBERER, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 8LV0 100-3 SUMMER PLACE MERRITT ISLAND FL 32952 COLOA 8. The abuse named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition NAME KALBERER, RICHARD J NAME KALBERER RICHARD J STREET ADDRESS 100-3 SUMMER PLACE STREET ADDRESS 3260 CANAVERAL GROVES BLUD CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP COLOA, FL. 32926 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

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SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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TITLE

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NAME

liking Kelber Refer 18050

☐ Delete

☐ Delete

4/10/07

721-636-7614

Change

☐ Addition

Addition

Date

Daytime Phone #