## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2002 8:00 am F96000001644 DOCUMENT # Secretary of State 1. Entity Name 01-30-2002 90073 025 \*\*\*150.00 KODIAK SERVICES, INC. Principal Place of Business Mailing Address 5605 CREEKMONT 5605 CREEKMONT H0013170 HOUSTON TX 77091 HOUSTON TX 77091 2. Principal Place of Business 3. Mailing Address <u>Same</u> 2mRCSuite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State - - -4. FEI Number Applied For \*City & State \* \* \* \* \* 76-0302394 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Lynn R. Mobley ☐ Delete TITLE TITLE MOBLEY, LYNN R NAME NAME 18106 Beupress Hill 5938 BERT BOUGH LN STREET ADDRESS STREET ADDRESS eypress, Tx. 17429 CITY-ST-ZIP CITY-ST-ZIP **HOUTSON TX** Ronald D. Wunderlick Change ☐ Delete TITLE wunderlich, ronald o NAME NAME 15902 Orifting Ross STREET ADDRESS STREET ADDRESS 9722 ROCK TREE Cypress, Tx. CITY-ST-ZIP **HOUSTON TX** CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME **BUYAJIAN, SAM** NAME STREET ADORESS 14310 LOFTY MOUNTAIN TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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

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