

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000799

1. Entity Name

KEDESH, INC.

Principal Place of Business

Mailing Address

11122 WAYCROSS HWY.
SCREVEN GA 31560

11122 WAYCROSS HWY.
SCREVEN GA 31560-9110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1883382

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOLAR, ERIC S ESQ.
1830 ATLANTIC BLVD.
JACKSONVILLE FL 32207

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME TWILLEY, RON
STREET ADDRESS 11122 WAYCROSS HWY.
CITY-ST-ZIP SCREVEN GA 31560

Delete

TITLE CST
NAME TWILLEY, ELLEN
STREET ADDRESS 1122 WAYCROSS HWY.
CITY-ST-ZIP SCREVEN GA 31560

Delete

TITLE D
NAME TWILLEY, LAURA
STREET ADDRESS 1026 ELLEGOOD ST.
CITY-ST-ZIP SALISBURY MD 21801

Delete

TITLE D
NAME HASTINGS, LYNN
STREET ADDRESS 924 RUSSELL AVE.
CITY-ST-ZIP SALISBURY MD 21801

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90064 013 ***150.00



DO NOT WRITE IN THIS SPACE

Signature: *Ellen L. Twilley* ELLEN L. Twilley 1-MAY 2000 905794879