

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90349 026 ***150.00

DOCUMENT # F99000000799

1. Entity Name
KEDESH, INC.



Principal Place of Business
**11122 WAYCROSS HWY.
SCREVEN GA 31560**

Mailing Address
**11122 WAYCROSS HWY.
SCREVEN GA 31560**

11000073



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1883382**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired - ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HASTINGS, LYNNE
924 RUSSELL AVE.
SALISBURY MD 21801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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:

Eric S. Kolar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

912-579-9977
Daytime Phone #

0626402 AT

CR2E034 (10/02)