

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

09-09-2002 90011 038 \*\*\*\*\*01.25  
H78297

**FILED**

02 SEP 13 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** H 78297  
**1. Entity Name**  
KIWI REALTY & BUILDERS INC  
P.O. Box 1011 Welaka FL 32193

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
1025 3rd Ave.  
Suite, Apt. #, etc.

**3. Mailing Address**  
P.O. Box 1011  
Suite, Apt. #, etc.

**City & State**  
Welaka, FL  
**Zip**  
32193  
**Country**

**City & State**  
Welaka, FL  
**Zip**  
32193  
**Country**

**4. FEI Number**  
59-2589143  
**Applied For**  
☐ **\$8.75 Additional Fee Required**

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**  
**Name**  
William P. Toole  
**Street Address (P.O. Box Number is Not Acceptable)**  
1025 Front St.  
**City**  
Welaka **FL** **Zip Code**  
32193

**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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

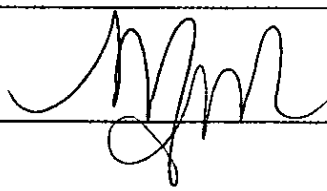
**10. Election Campaign Financing**  
☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> V. PRESIDENT	<b>NAME</b> SHAYNE D. ROBERTS
<b>STREET ADDRESS</b> 1025 FRONT ST	
<b>CITY-ST-ZIP</b> Welaka FL 32193	
<b>TITLE</b> TD	<b>NAME</b> William P. Toole
<b>STREET ADDRESS</b> 1025 Front St	
<b>CITY-ST-ZIP</b> Welaka, FL 32193	
<b>TITLE</b> PRESIDENT	<b>NAME</b> Lennore D. Toole
<b>STREET ADDRESS</b> 1025 Front St	
<b>CITY-ST-ZIP</b> Welaka, FL 32193	
<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 	
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<b>CITY-ST-ZIP</b> 	

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CR2E034B (12/01)

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **PRES.** **9/3/2002** **386 467 3131**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #