2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J38161

City-St-Zip:

FT. MYERS, FL 33901

Entity Name: KISS-COTE, INC.

FILED Jan 22, 2003 Secretary of State

| Owner the Drive time I Disease of Duraine | | | New Principal Place of Business: | | |
|---|--|--|--|---|--|
| Current Principal Place of Business: | | | New Principal Place | or Business: | |
| 12515 SU(TAMPA, F | GAR PINE WA L 33624 | Y | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 12515 SUG TAMPA, F | GAR PINE WA L 33624 | Y | | | |
| FEI Number | : 59-2750807 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| SUITE 500 | REGOR BLVI | | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | D (KENT, DR. KE 12515 SUGAR TAMPA, FL | · · | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PST (KENT, C. REN 12515 SUGAR TAMPA, FL | · · | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | AP (MILLER, GEOI 736 GOULD AV HERMOSA BC | /E.,#18 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | POTTS, BETTE |) Delete E K GOR BLVD. #1 SUITE 50 | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KENT. C. RENEE CEO 01/22/2003