

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90090 030 \*\*\*158.75

0111453 AV

**DOCUMENT # J59774**  
 1. Entity Name  
**KP ALLEN AND ASSOCIATES OF FLORIDA, INC.**

Principal Place of Business Mailing Address  
**517 S. LAKE DESTINY DR 517 S. LAKE DESTINY DR**  
**ORLANDO FL 32810 ORLANDO FL 32810**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**2600 Lake Lucien Dr. 2600 Lake Lucien Dr.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 235 Suite 235**  
 City & State City & State  
**Maitland, FL Maitland, FL**  
 Zip Country Zip Country  
**32571 U.S. 32571 U.S.**

4. FEI Number **59-2780158** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
**PADGETT, DAVID V**  
**517 S. LAKE DESTINY DR**  
**ORLANDO FL 32810**

7. Name and Address of New Registered Agent  
 Name **PADGETT, DAVID V.**  
 Street Address (P.O. Box Number is Not Acceptable) **2600 Lake Lucien Dr.**  
**Suite 235**  
 City **Maitland** **FL** Zip Code **32571**

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 DATE **4-16-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	CEOD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLARKEY, MICHAEL		NAME	<b>2600 Lake Lucien Dr. Ste 235</b>	
STREET ADDRESS	517 S. LAKE DESTINY DR		STREET ADDRESS	<b>Maitland, FL 32571</b>	
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP		
TITLE	VPGM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PADGETT, DAVID V		NAME	<b>2600 Lake Lucien Dr. Ste 235</b>	
STREET ADDRESS	517 S. LAKE DESTINY DR		STREET ADDRESS	<b>Maitland, FL 32571</b>	
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **4-16-02** **407-660-8899**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)