

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90097 003 ***150.00

DOCUMENT # J98828

1. Entity Name
K M M ASSOCIATES, INC.



Principal Place of Business
% GARY M. NOLAN, JR.
1961 S. FEDERAL HIGHWAY
STUART FL 34994

Mailing Address
1501 DECKER AVE
#314
STUART FL 34994
US

2. Principal Place of Business

2731 N.E. Pinecrest Lakes Blvd.

3. Mailing Address

2731 N.E. Pinecrest Lakes Blvd.

City & State

Jensen Beach, Florida

City & State

Jensen Beach, FL

Zip

34957

Country

USA

Zip

34957

Country

USA

4. FEI Number

65-0032822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOLAN, GARY M., JR.
1961 S. FEDERAL HIGHWAY
STUART FL 34994

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/18/03

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 **D** ☐ Delete
NAME **NOLAN, GARY M., JR.**
STREET ADDRESS **2731 PINECREST LKS BLVD.**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres. + Treasurer** ☒ Change ☐ Addition
NAME **GARY M NOLAN JR.**
STREET ADDRESS **2731 N.E. Pinecrest Lakes Blvd.**
CITY-ST-ZIP **Jensen Beach, Florida, 34997**

TITLE **V. President + Sec.** ☐ Change ☒ Addition
NAME **Kathryn E. Nolan**
STREET ADDRESS **2731 N.E. Pinecrest Lakes Blvd.**
CITY-ST-ZIP **Jensen Beach, Florida 34957**

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

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

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

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

772 225 2424

Daytime Phone #

CR2E034 (10/02)