

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K08490

1. Entity Name
KADI, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90167 037 ***150.00

Principal Place of Business

10376 E COLONIAL DR.
ORLANDO FL 32817
US

Mailing Address

413 OAK HILL DR.
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

708 SOUTH RIVERSIDE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW SMYRNA BEACH FL

Zip

Country

Zip

Country

32168

Volusia

4. FEI Number 59-2863701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, RICHARD W.
413 OAK HILL DR.
ALTAMONTE SPRINGS FL 32701

Name HILL, RICHARD W.

Street Address (P.O. Box Number is Not Acceptable)

708 SOUTH RIVERSIDE DRIVE

City NEW SMYRNA BEACH FL

Zip Code 32168

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 RICHARD W. Hill

Richard W. Hill

1-19-2001

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
HILL, RICHARD W.
413 OAK HILL DR.
ALTAMONTE SPRG. FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
HILL, RICHARD W.
708 SOUTH RIVERSIDE DRIVE
NEW SMYRNA BEACH FL 32168 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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:

Richard W. Hill

RICHARD W. Hill

1/19/2001

904-427-7569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)