FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90745 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K68204

1. Entity Name
K. SASSAMAN, INC.

Principal Place of Business	Mailing Address
5244 40 ST. S. ST. PETERSBURG, FL 33711	5244 40 ST. S. ST. PETERSBURG, FL 33711

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
695 Central Ave		Po Box 60812	
Suite, Apt. #, etc.: 200		Suite, Apt. #, etc.	
City & State: St. Petersburg		City & State: St Petersburg	
Zip: 33701	Country: Pinellas	Zip: 33784	Country: Pinellas

4. FEI Number: 59-2936328 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SASSAMAN, KENNETH
4894 LAKE CHARLES DR. N.
KENNETH CITY, FL 33709

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDST SASSAMAN, KENNETH 5244 40 ST. SO. ST. PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PoBox 60812 St. Petersburg, FL 33784	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SASSAMAN, CHRISTOPHER K 5285 40 STREET SOUTH ST. PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PoBox 60812 St Petersburg, FL 33784	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Kenneth Sassaman 4/30/03 (727) 527-1308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #