

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91034 049 ***150.00

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DOCUMENT # M56005

1. Entity Name
KYKAR, INC.



Principal Place of Business
**107 COMMERCIAL BLVD
LAUDERDALE BY THE SEA FL 33308-3603**

Mailing Address
**107 COMMERCIAL BLVD
LAUDERDALE BY THE SEA FL 33308-3603**

2. Principal Place of Business
4404 N. Ocean Dr
Suite, Apt. #, etc.

3. Mailing Address
4404 N. Ocean Dr
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
LAUDERDALE BY THE SEA FL
Zip
33308-3603
Country

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4. FEI Number **59-2837468**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOULD, EDWARD KYLE
107 COMMERCIAL BLVD.
LAUDERDALE BY THE SEA FL 33308**

7. Name and Address of New Registered Agent

Name **GOULD EDWARD KYLE**
Street Address (P.O. Box Number is Not Acceptable)
4404 N. Ocean Dr
City **LAUDERDALE BY THE SEA FL** Zip **33308**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOULD, EDWARD KYLE 107 COMMERCIAL BLVD. LAUDERDALE BY THE SEA,	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BONDURANT, KARI 107 COMMERCIAL BLVD. LAUDERDALE BY THE SEA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOULD EDWARD KYLE 4404 N. Ocean Dr LAUDERDALE BY THE SEA FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BONDURANT KARI 4404 N. Ocean Dr LAUDERDALE BY THE SEA FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of Edward Kyle Gould

APRIL 18, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)