2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000002057 1. Entity Name				,	APPROVED , AND FileD			
K. SELECTIVE CHOICES INC.					TILLU			
				_ 01	APR 19 AM	11: 02		
Principal Place of Business Mailing Address				$\overline{}$	FCRETARY OF	STATE		
PO BOX 433 HAVANA FL 32333		PO BOX 433 HAVANA FL 32333		TĂ	ECRETARY OF LLAHASSEE, FL	ORIDA		
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2. Principal Place of Business		3 Mailing Address D.O. Box 433						
10 Barber RU Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State		4. FEI Numbe	V		oplied For	
Haya	NQ Country	Hallana, F	Country	59.3	6355, 12	/ ¢0.75	ot Applicable	
<i>3</i> 333	3 Gadsden	32333	Gadsder	<u> </u>	of Status Desired	Fee Require	ed	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current F	legistered Agent	Name /	7. Name and	Address of New Reg	· -	, 	
GOLDEN, KIMMIE S				(P.O. Box Nymber is Not Acceptable)				
10 BARBER RD			1100	10 Burber Rd				
HAVANA	FL 32333		City	ana		FL Zip Sod	%33	
8. The above	e named entity submits this statement for	the purpose of changing its re	gistered office or regis	stered agent, or both	h, in the state of Florid			
	1/ - 01	- D / \						
		11/ 1/11/11						
SIGNATURE .	Signature typed or printed name of registered agent ar	If AUA (NOTE: F	Registered Agent signature requ	uired when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
SIGNATURE .								
SIGNATURE	Signature typed or printed name of registered agent ar FILE NOW: FEE IS \$61.25	nd title if applicable. (NOTE: F	inancing _ \$5	Direct when reinstating) 5.00 May Be ded to Fees		Check Payable to	•	
SIGNATURE	FILE NOW:	9. Election Campaign F Trust Fund Contributi	inancing _ \$5	5.00 May Be Ided to Fees		Check Payable to		
10.	FILE NOW: FEE IS \$61.25 OFFICERS AND DIRE	9. Election Campaign F Trust Fund Contributi	inancing \$5 ion.	5.00 May Be ided to Fees	Depa	Check Payable to	10 Addition	
10. TITLE NAME STREET ADDRESS	FILE NOW: FEE IS \$61.25 OFFICERS AND DIRE D GOLDEN, KIMMIE S PO BOX 433	Election Campaign F Trust Fund Contributi CTORS	inancing \$5 ion.	5.00 May Be ided to Fees	Depa INGES TO OFFICERS DDDD40 -04/19/6	Check Payable to Irtment of State AND DIRECTORS IN Change 132595 11-01038	10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE NOW: FEE IS \$61.25 OFFICERS AND DIRE D GOLDEN, KIMMIE S	9. Election Campaign F Trust Fund Contributi ECTORS Delete	inancing \$5 ion. Add 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.00 May Be ided to Fees	Depa	Check Payable to Irtment of State AND DIRECTORS IN Change Change 132535 11-01038-6	10 Addition	
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IGNATURE:

| Schature and type of principal designation of the exemption stated in Section 119.07(3)(i), Florida Statutes. I fulfiler 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 617, 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.

| IGNATURE: | Schature and type on PRINTED MAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

SIGNATURE: <