

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000000359

FILED
Apr 20, 2003
Secretary of State

Entity Name: KAYAKING FOR CANCER, INC.

Current Principal Place of Business:

1853 MELROSE PLANTATION DR.
JACKSONVILLE, FL 32223

New Principal Place of Business:

6320 ST. AUGUSTINE ROAD
BUILDING 12
JACKSONVILLE, FL 32217

Current Mailing Address:

1853 MELROSE PLANTATION DR.
JACKSONVILLE, FL 32223

New Mailing Address:

6320 ST. AUGUSTINE ROAD
BUILDING 12
JACKSONVILLE, FL 32217

FEI Number: 59-3372778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSEMAN, WILLIAM R
6320 ST. AUGUSTINE ROAD
BUILDING 12
JACKSONVILLE, FL 32217

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: O'LESSKER, CHARLES S
Address: 1853 MELROSE PLANTATION DR.
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD () Delete
Name: FOX, BLAIR
Address: 493 BELL BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: VD () Delete
Name: HUSEMAN, RUSTY
Address: 4399 BATTLECREEK COURT W
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: O'LESSKER, CHARLES S
Address: 3500 W. AMANDA COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES S. O'LESSKER

P

04/20/2003

Electronic Signature of Signing Officer or Director

Date