

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90044 019 \*\*\*\*70.00

**DOCUMENT # N98000002454**



1. Entity Name  
**KA AND EM INC.**

Principal Place of Business  
**8437 N. MERIDIAN ROAD  
TALLAHASSEE FL 32312  
US**

Mailing Address  
**8028 YELLOWMOON DRIVE  
TALLAHASSEE FL 32312**

**90001981**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**8028 Yellow Moon Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Tallahassee, FL.**

City & State

4. FEI Number **APPLIED FOR**  
**22-3889572**

Applied For  
Not Applicable

Zip **32312** Country **USA**

Zip Country

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

**6. Name and Address of Current Registered Agent**

**JAMES, KLENT**  
**8437 NORTH MERIDIAN ROAD**  
**TALLAHASSEE FL 32312**

**7. Name and Address of New Registered Agent**

Name **Klent and Eloise James**  
Street Address (P.O. Box Number is Not Acceptable)  
**8028 Yellow Moon Dr.**  
City **Tallahassee** **FL** Zip Code **32312**

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. **KLent James - President** **Eloise James - Vice President**

SIGNATURE **Klent James - President and Eloise James - Vice Presd. 1/4/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>JAMES, KLENT</b> <b>8028 YELLOWMOON DR</b> <b>TALLAHASSEE FL 32312</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>JAMES, ELOUISE</b> <b>8028 YELLOWMOON DR</b> <b>TALLAHASSEE FL 32312</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>MARLOW, CHER</b> <b>P.O. BOX 868</b> <b>SNEADS FL 32460</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>JAMES, ERIC</b> <b>P.O. BOX 868</b> <b>SNEADS FL 32460</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>MARLOW, TONY</b> <b>P.O. BOX 565</b> <b>CHATTAHOOCHEE FL 32324</b>	<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"/> 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 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.

SIGNATURE: **Klent and Eloise James (Klent + Eloise James) 1/13/02 907-2091**

CR2E037 (10/02)