2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001420

FILED
01 JUN 12 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
KAHLEEN SMITH, INC.

Principal Place of Business
801 SILVERLEAF OAK CT.
PALM BEACH GARDENS FL 33410

Mailing Address
801 SILVERLEAF OAK CT.
PALM BEACH GARDENS FL 33410

2. Principal Place of Business: 8295 N. Military Tr
Suite, Apt. #, etc.: Suite G
City & State: Palm Beach Gardens, FL
Zip: 33410 Country: USA

3. Mailing Address: 8295 N. Military Tr.
Suite, Apt. #, etc.: Suite G
City & State: Palm Beach Gardens, FL
Zip: 33410 Country: USA

05/18/01-90004-028 $150.00

4. FEI Number: 65-0976839 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
SMITH, KAHLEEN K
801 SILVERLEAF OAK COURT
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent
Name: Kahleen Smith
Street Address (P.O. Box Number is Not Acceptable): 8295 N. Military Trail
Suite G
City: Palm Beach Gardens, FL Zip Code: 33410

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
PD SMITH, KAHLEEN K 801 SILVERLEAF OAK CT. PALM BEACH GARDENS FL 33410	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kahleen Smith, President 1-30-01 (561) 6027 4688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #