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

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

05/18/01-90004-028 $150.00

4. FEI Number: 65-0976829 ☐ 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 ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, KAHLEEN K 801 SILVERLEAF OAK CT. PALM BEACH GARDENS FL 33410 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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)627-4088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #