2003 FOR PROFIT CORPORATION

FILED **UNIFORM BUSINESS REPORT (UBR** Jan 30, 2003 8:00 am Secretary of State P0000002368 DOCUMENT # 1. Entity Name 01-30-2003 90110 010 ***150 00 KDR SALES, INC. Principal Place of Business Mailing Address 940 SE 22ND AVE. 940 SE 22ND AVE. POMPANO BCH FL 33062 POMPANO BCH FL 33062 2. Principal Place of Business Mailing Address <u>1453</u> SE Suite, Apt. #, etc. Suite, Apt. #, etc. A CHECK HERE IF MAKING CHANGES ✓ Applied For City & State 4. FEI Number 65-0972142 BUACL Deerfield Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Browand Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUDICK, KAREN D Street Address (P.O. Box 940 SE 22ND AVE. POMPANO BCH FL 33062 8. The above named entity symmits 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITI F ☐ Addition ☐ Delete Rudicic, Icanend 1453 SE 1345+ RUDICK, KAREN D NAME NAME 940 SE 22ND AVE. STREET ADDRESS STREET ADDRESS POMPANO BCH FL 33062 Deerfield Beach, Fl. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

indicated on this report or supplemental eport 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)