2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P0000005212 1. Entity Name K.L.M.N., INC. 04-06-2001 90020 013 ***150.00 Principal Place of Business Mailing Address S12 HARVARD PLACE 512-HARVARD-PLACE APOPKA PL 32703 APOPKA FL 32700 00025588 318 Radebaugh Dr. 318 Radebaugh Dr. Longwood, FL 32779 Longwood, FZ 32779 2. Principal Place of Business Mailing Address 318 Radebaugh Dr. 318 Kadebauah Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Longwood. E 32779 DOOWPAQ Not Applicable Country \$8.75 Additional 5., Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name James ouhali James, Kimberly Street Add Box Number is Not Acceptable) 512 HARVARD PLACE laebuuan APOPKA FL 32703 WOOD FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be . Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (EO & President ☐ Delete TITLE JAMES, KIMBERLY Kımberlu NAME 318 Radebaugh Dr **512 HARVARD PLACE** STREET ADDRESS STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZIP hongwood Delete Change TITLE TITLE Addition RENDEL, ROBERTA NAME NAME 512 HARVARD PLACE STREET ADDRESS STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Marie Rannings ☐ Delete NAME NAME 1009 Marilyn STREET ADDRESS STREET ADDRESS Fruitland Park, Fe 34731 Park, Fz CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Signature and Typed on PRINTED AMED F SIGNING OFFICER OF DIRECTOR

3/7/01

(401) 714 - 453 Daytime Phone # 434