

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90105 009 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000005978**

1. Entity Name  
**KAC PROFESSIONAL ENTERPRISE, INC.**



Principal Place of Business  
**210 LAKE POINTE DRIVE STE 210  
OAKLAND PARK, FL 33309**

Mailing Address  
**210 LAKE POINTE DRIVE STE 210  
OAKLAND PARK, FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1003421**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PITTER, CARL S  
7447 NORTH WEST 57 STREET  
TAMARAC, FL 33319**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **COUSSEY, KAREN**  
CITY-ST-ZIP **210 LAKE POINTE DRIVE STE 210  
OAKLAND PARK, FL 33309**

TITLE ☐ Change ☒ Addition  
NAME **VP**  
STREET ADDRESS **PITTER, CARL S**  
CITY-ST-ZIP **7435 N.W. 57th ST  
TAMARAC, FL 33319**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **BODDEN, TANYA**  
CITY-ST-ZIP **4341 NW 12TH STREET  
LAUDERHILL, FL 33313**

TITLE ☐ Change ☒ Addition  
NAME **ASST TREASURER**  
STREET ADDRESS **PITTER, CARL S**  
CITY-ST-ZIP **7435 N.W. 57th ST  
TAMARAC, FL 33319**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **JOSEPH, CAROLYN**  
CITY-ST-ZIP **200 SOUTH WEST 24TH AVE  
FT LAUDERDALE, FL 33312**

TITLE ☐ Change ☒ Addition  
NAME **T**  
STREET ADDRESS **COUSSEY, KAREN**  
CITY-ST-ZIP **210 LAKE POINTE DR, STE 210  
OAKLAND PARK, FL 33309**

TITLE ☒ Delete  
NAME **VD**  
STREET ADDRESS **PITTER, CARL S**  
CITY-ST-ZIP **7447 NORTHWEST 57 STREET  
TAMARAC, FL 33319**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **PITTER, CARL S**  
CITY-ST-ZIP **7435 N.W. 57th ST  
TAMARAC, FL 33319**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 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.

SIGNATURE: Karen Coussey KAREN COUSSEY 4/29/03 954-201-8881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)