2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90197 024 ***150.00

DOCUMENT # P00000009863

1. Entity Name

K'S QUALITY INC.

DO NOT WRITE IN THIS SPACE

40024277

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1527 30th AVE NO.	1527 30th AVE. NO.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETERSBURG FL 33704	City & State: ST PETERSBURG, FL 33704
Zip: 33704 Country: USA	Zip: 33704 Country: USA

4. FEI Number 59-3617707 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: TECKLENBURG, KAY C.

Street Address (P.O. Box Number Is Not Acceptable): 1527 30th AVE. N.

City: ST PETERSBURG **FL** Zip Code 33704

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 signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00 After May 1 Fee is $550.00 Amended UBR $61.25 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

TITLE	D
NAME	TECKLENBURG, KAY C
STREET ADDRESS	1527 30th AVE NO.
CITY-ST-ZIP	ST PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kay C. Tecklenburg 2-22-05 727-823-2128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #