

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90046 003 ***150.00

DOCUMENT # P00000019441

1. Entity Name
K.T. SSON, INC.

Principal Place of Business
**6831 WHITFIELD INDUSTRIAL AVENUE #D
 SARASOTA FL 34243**

Mailing Address
**7135 QUEEN PALM CIRCLE
 SARASOTA FL 34243**

843528



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6831 WHITFIELD INDUSTRIAL AVENUE

3. Mailing Address
6831 WHITFIELD IND. AVE.

Suite, Apt. #, etc.
UNIT F

Suite, Apt. #, etc.
UNIT F

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
65-0984812

Applied For
 Not Applicable

Zip
34243

Country
USA

Zip
34243

Country
USA

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

**KING, CLIFFORD M
 2033 MAIN STREET
 SUITE 303
 SARASOTA FL 34237**

Name
SAME
 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.

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	
TITLE PRESIDENT <input type="checkbox"/> Delete	NAME RICHARD KEITH OLSSON STREET ADDRESS 7135 QUEEN PALM CIRCLE CITY-ST-ZIP SARASOTA, FL 34243
TITLE V. PRESIDENT <input type="checkbox"/> Delete	NAME PEGGY OLSSON STREET ADDRESS 7135 QUEEN PALM CIRCLE CITY-ST-ZIP SARASOTA, FL 34243
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME

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: Peggy Olsson
SIGNATURE IS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-30-01** Daytime Phone #: **941-753-5887**

CR2E034 (10/00)