

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90606 024 \*\*\*150.00

**DOCUMENT # P00000022871**

1. Entity Name  
**KDAR ENTERPRISES, INC.**



Principal Place of Business  
**P.O. BOX 681118  
ORLANDO FL 32868**

Mailing Address  
**P.O. BOX 681118  
ORLANDO FL 32868**



2. Principal Place of Business  
**750 S.O.B.T  
Suite, Apt. #, etc.  
STE 51**

3. Mailing Address  
**P.O. Box 681118  
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**ORLANDO FL 32805**

City & State  
**ORLANDO FL**

4. FEI Number  
**59-3633470**

Applied For  
☐ Not Applicable

Zip Country  
**32805 ORANGE**

Zip Country  
**32808 ORANGE**

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

## 6. Name and Address of Current Registered Agent

**HAYLES, KIRK-DEAN  
2715 WOODBRIDGE LANE  
ORLANDO FL 32808**

## 7. Name and Address of New Registered Agent

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 **Kirk-Dean Hayles** **KIRK-DEAN HAYLES** **PRESIDENT** **4/14/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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

TITLE **PRESIDENT** ☐ Delete  
NAME **HAYLES, KIRK-DEAN**  
STREET ADDRESS **P.O. BOX 681118**  
CITY-ST-ZIP **ORLANDO FL 32868**

TITLE **VICE PRESIDENT** ☐ Delete  
NAME **DAHLIA**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VICE - PRESIDENT** ☐ Delete  
NAME **HAYLES, DAHLIA**  
STREET ADDRESS **7803 WILLOW POINT DR.**  
CITY-ST-ZIP **FALLS CHURCH VA 22042**

TITLE **TREASURER** ☐ Delete  
NAME **HAYLES, LANSWORTH**  
STREET ADDRESS **6757 POMERAY CIR.**  
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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: **KIRK-DEAN HAYLES** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/03** **407-402-2026**  
Date Daytime Phone #

CR2E034 (10/02)