

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90058 009 ***150.00

DOCUMENT # P00000027158

1. Entity Name
KABANG, INC.



Principal Place of Business
13531 SUMMERTON DRIVE
ORLANDO FL 32824

Mailing Address
717 E OAK STREET
KISSIMMEE FL 34744

11006192



2. Principal Place of Business

13304 Glacier Nat'l Drive

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL

City & State

4. FEI Number **59-3633227**

Applied For
Not Applicable

Zip
32837

Country **USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

BAUMRUK, ANDREW J CPA
717 E. OAK STREET
KISSIMMEE FL 34744

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **DEXTER, ROBERT G**
STREET ADDRESS **13531 SUMMERTON DRIVE**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **DVP** ☐ Delete
NAME **KANIA, WILLIAM**
STREET ADDRESS **767 LEONARDO CT.**
CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE **DT** ☐ Delete
NAME **BUDHA, EON**
STREET ADDRESS **4103 TROPICAL ISLE BLVD.**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **DS** ☐ Delete
NAME **BELL, STEVEN C**
STREET ADDRESS **13531 SUMMERTON DRIVE**
CITY-ST-ZIP **ORLANDO FL 32824**

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
NAME
STREET ADDRESS **2340 The Oaks Blvd.**
CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13304 Glacier National Drive #5105**
CITY-ST-ZIP **Orlando, FL 32837**

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03 407 855 6844
Date Daytime Phone

CR2E034 (10/02)