

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90104 040 ***150.00

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DOCUMENT # P00000029766

1. Entity Name
KM WORLDWIDE DISTRIBUTION SERVICES, INC.

Principal Place of Business

**2865 S. BELMONT LN
 COPPER CITY FL 33026**

Mailing Address

**2865 S. BELMONT LN
 COPPER CITY FL 33026**

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

65-1053996

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

**PEMBERTON, MICHELE
 2865 S. BELMONT LN
 COPPER CITY FL 33026**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)**

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**FILE NOW!!! FEI IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

**10. Election Campaign Financing
 Trust Fund Contribution.**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
CFO
NAME
PEMBERTON, MICHELE
STREET ADDRESS
2865 S. BELMONT LN
CITY-ST-ZIP
COPPER CITY FL 33026

☒ Delete

TITLE
S
NAME
BULLOCK, GARETH
STREET ADDRESS
46 GABLES BLVD
CITY-ST-ZIP
WESTON FL 33326

☐ Delete

TITLE
CEO
NAME
KNICKETA YASSELL-BULLOCK
STREET ADDRESS
46 Gables Blvd
CITY-ST-ZIP
Weston FL 33326

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)