2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000034145 DOCUMENT

1. Entity Name

SIGNATURE

K & N OF WESLEY CHAPEL, INC.



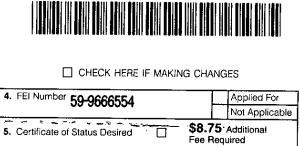
Principal Place of Business 650 E. PIERCE ST. LAKE ALFRED FL 33850

Mailing Address 650 E. PIERCE ST. LAKE ALFRED FL 33850

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NGUYEN, KHOI PHAN Street Address (P.O. Box Number is Not Acceptable) 650 E. PIERCE ST. LAKE ALFRED FL 33850

FILED Mar 24, 2003 8:00 am § Secretary of State

03-24-2003 90644 015 ***150.00



DATE

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.

City

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

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10.	OFFICERS AND DIRECTORS		11. AD		DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
STREET ADDRESS	D NGUYEN, KHOI PHAN 650 E. PIERCE ST. LAKE ALFRED FL 33850	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS City-St-Zip-	·		☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE			Change	Addition

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 attache

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP