

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90129 016 \*\*\*150.00

|                                      |  |
|--------------------------------------|--|
| <b>DOCUMENT # P00000038381</b>       |  |
| 1. Entity Name<br><b>K-NEX, INC.</b> |  |



|   |   |
|---|---|
| Principal Place of Business<br><b>2479 NE 95 STREET<br/>ANTHONY, FL 32617</b> | Mailing Address<br><b>2479 NE 95 STREET<br/>ANTHONY, FL 32617</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>POST OFFICE Box 100</b><br>Suite, Apt. #, etc. |
|---|---|

|                                    |                                    |
|------------------------------------|------------------------------------|
| City & State<br><b>ANTHONY, FL</b> | City & State<br><b>ANTHONY, FL</b> |
| Zip<br><b>32617</b>                | Country<br><b>MARION</b>           |



☒ CHECK HERE IF MAKING CHANGES

|  |  |   |
|--|--|---|
| 4. FEI Number<br><b>59-3648022</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                |  |   |
| 6. Name and Address of Current Registered Agent<br><b>KETCHUM, MORRIS C JR<br/>2479 NE 95 STREET<br/>ANTHONY, FL 32617</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |

A. 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 of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$650.00  
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                 |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---------------------------------|---|--|
| TITLE<br><b>D</b>                          | <input type="checkbox"/> Delete | TITLE<br><b>VICE PRESIDENT</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>KETCHUM, MORRIS C JR</b>        |                                 | NAME<br><b>HELEN A. KETCHUM</b>                       |  |
| STREET ADDRESS<br><b>2479 NE 95 STREET</b> |                                 | STREET ADDRESS<br><b>2479 NE 95 STREET</b>            |  |
| CITY-ST-ZIP<br><b>ANTHONY, FL 32617</b>    |                                 | CITY-ST-ZIP<br><b>ANTHONY, FL 32617</b>               |  |
| TITLE                                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                       |                                 | NAME  |  |
| STREET ADDRESS                             |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                                |                                 | CITY-ST-ZIP   |  |
| TITLE                                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                       |                                 | NAME  |  |
| STREET ADDRESS                             |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                                |                                 | CITY-ST-ZIP   |  |
| TITLE                                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                       |                                 | NAME  |  |
| STREET ADDRESS                             |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                                |                                 | CITY-ST-ZIP   |  |
| TITLE                                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                       |                                 | NAME  |  |
| STREET ADDRESS                             |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                                |                                 | 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: MCH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/03 3528549285  
Date Daytime Phone #

CR2E034 (10/02)

Attachment  
Doc # P00000038381



90134035

Post Office Box 100  
352.854.9285

Anthony, FL 32617  
Fax: 352.854.9285

5/13/03

Florida Department of State  
Division of Corporations  
Uniform Business Report  
Post Office Box 1500  
Tallahassee, FL 32302

Re: UBR Form.

Dear Sirs:

We are writing because we did not receive our UBR Form mailed to:

2479 NE 95 Street  
Anthony, FL 32617

We had to go on the Internet to get the form. Enclosed is a UBR form and a check for the amount of \$150.00. Also please note that there has been a change of address to:

Post Office Box 100  
Anthony, FL 32617

Thank you for your help in this matter.

Respectfully

  
MC Ketchum, Jr.