

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90636 028 ***150.00

DOCUMENT # P00000042578

1. Entity Name
K.D.R. ALTERNATIVES, INC.



Principal Place of Business
**617 CENTERWOOD DR.
TARPON SPRINGS FL 34689-7220**

Mailing Address
**617 CENTERWOOD DR.
TARPON SPRINGS FL 34689-7220**



2. Principal Place of Business
2819 Grey Oaks Blvd

3. Mailing Address
2819 Grey Oaks Blvd.

Suite, Apt. #, etc.
Tarpon Springs

Suite, Apt. #, etc.
Tarpon Springs

City & State
Florida

City & State
Florida

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3676026

Applied For
☐ Not Applicable

Zip
34688

Country
U.S.A.

Zip
34688

Country
U.S.A.

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

**D'AMICO, ROBERT P
617 CENTERWOOD DR.
TARPON SPRINGS FL 34689-7220**

X Name **Same**
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, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert P. D'Amico** ~~DORA~~ **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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D D'AMICO, ROBERT P 617 CENTERWOOD DR. TARPON SPRINGS FL 34689-7220 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D D'AMICO, KIMBERLY 617 CENTERWOOD DR. TARPON SPRINGS FL 34689-7220 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D'Amico, Robert P. 2819 Grey Oaks Blvd Tarpon Springs, FL 34688 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D'Amico Kimberly 2819 Grey Oaks Blvd Tarpon Springs, FL 34688 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE: **X S. G. D'Amico** **4.14.03** **789-2122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)