

4/7/02

FILED
May 28, 2002 8:00 am
Secretary of State

04-07-2002 90049 007 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049886

1. Entity Name

KAGIN CONSULTING, INC.

Principal Place of Business

% MARY K. SARBER
 27 CASA MAR LANE
 NAPLES FL 34103

Mailing Address

% MARY K. SARBER
 27 CASA MAR LANE
 NAPLES FL 34103

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

59-3650879

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

SARBER, MARY K
 27 CASA MAR LANE
 NAPLES FL 34103

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) ☐

FILE NOW!!! FEE 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. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: *D President & Treasurer* ☐ Delete
 NAME: SARBER, MARY K
 STREET ADDRESS: 27 CASA MAR LANE
 CITY-ST-ZIP: NAPLES FL 34103

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: *D* ☒ Delete
 NAME: LAZZARA, VIRGINIA M
 STREET ADDRESS: 16440 KELLY COVE DRIVE, #2823
 CITY-ST-ZIP: FORT MYERS FL 33908

TITLE: *Sarber, Richard E* ☐ Change ☒ Addition
 NAME: *27 Casa Mar Ln* ☐ Change ☐ Addition
 STREET ADDRESS: *Vice President &*
 CITY-ST-ZIP: *Naples FL 34103* ☐ Change ☐ Addition
Secretary

TITLE: ☐ Delete
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
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 STREET ADDRESS: ☐ Change ☐ Addition
 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

Mary K Sarber 4/27/02 9414351681

Date

Daytime Phone #

CR2E034 (9/01)