

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90120 016 ***150.00

DOCUMENT # P00000050692

1. Entity Name
KESCO SECURITIES CORP



Principal Place of Business
32 BARKLEY COURT
1
FORT MYERS FL 33907

Mailing Address
32 BARKLEY COURT
1
FORT MYERS FL 33907



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1008477

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~HUNT, CLIFFORD J~~
~~DECKER & POLIAKOFF PA.~~
~~401 E JACKSON ST STE #2400~~
~~TAMPA FL 33602~~

Name: **WIPER, STEVEN I. ESQ**
Street Address (R.O. Box Number is Not Acceptable): **2300 FIRST ST, STE 1000**
City: **FT. MYERS** FL Zip Code: **33901**

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.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: **4/14/03**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE: **PTD**
NAME: **FINE, SCOTT** ☐ Delete
STREET ADDRESS: ~~6238 PRESIDENTIAL CT., #7~~
CITY-ST-ZIP: ~~FT. MYERS FL 33919~~

TITLE: **38 BARKLEY CIRCLE, #1** ☐ Change ☐ Addition
NAME: **FT. MYERS, FL 33907**

TITLE: **VSD**
NAME: **BOYLE, KEVIN** ☐ Delete
STREET ADDRESS: ~~6238 PRESIDENTIAL CT., #7~~
CITY-ST-ZIP: ~~FT. MYERS FL 33919~~

TITLE: **38 BARKLEY CIRCLE #1** ☐ Change ☐ Addition
NAME: **FT. MYERS, FL 33907**

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

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NAME:
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☐ 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 attachment with an address, with all true, like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/14/03** Daytime Phone #: **239-481-5568**

CR2E034 (10/02)