## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with ag

## Mar 01, 2001 8:00 am Secretary of State DOCUMENT # **P00000051405** KASIBU, INC. 03-01-2001 90055 050 \*\*\*150.00 Principal Place of Business Mailing Address 6185 LAKEVILLE RD 6185 LAKEVILLE RD ORLANDO FL 32818 ORLANDO FL 32818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number 59-3656163 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 6185 LAKEVILLE RD ORLANDO FL 32818 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: Rieg stored Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 CR2E034 (10/00) TITLE PTD Delete TITLE ☐ Change Addition NAME MARTIN, MICHAEL J STREET ADDRESS STREET ADDRESS 6185 LAKEVILLE RD CITY-ST-ZIP CITY-ST-ZIF ORLANDO FL 32818 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY - ST - ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trustee empoyared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

er like empowered

MICHAEL - J. MARTIN 2-22-01 407 296-7820
ADDRECTOR Date Device Phone 8

**FILED**