FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91204 049 ***150.00

DOCUMENT # P00000058831

1. Entity Name
Kay Earl Alan Inc.

DO NOT WRITE IN THIS SPACE

80124352

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
34834 US 19N End	34934 US 19 North End
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor FL.	City & State: Palm Harbor FL.
Zip: 34684 Country: USA	Zip: 34684 Country: USA

4. FEI Number: 59-3650267 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Spartz, Robert A.
Street Address (P.O. Box Number is Not Acceptable): 34934 US 19 North End
City: Palm Harbor **FL** Zip Code: 34684

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: Robert Spartz Robert Spartz 5/28/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE: P NAME: Spartz, Robert A. STREET ADDRESS: 34934 US 19 North End CITY-ST-ZIP: Palm Harbor, FL. 34684		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Spartz Robert Spartz 5/28/02 (320) 241-3100 (727) 785-2715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)