

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90143 041 \*\*\*550.00

**DOCUMENT # P00000063346**

1. Entity Name  
**KAINE METALWORKS, INC.**

Principal Place of Business

**2141 MINORCAN ST.  
MIDDLEBERG FL 32068**

Mailing Address

~~PO BOX 173~~  
~~DRG. INLET FL 32030-0173~~  
**P.O. Box 65009**  
**Orange Park, Fl. 32065**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 65009**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Orange Park, Fl.**

4. FEI Number **59-3557488**

Applied For  
 Not Applicable

Zip

Country

Zip **32065** Country **USA**

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTWRIGHT, BRIAN**  
**2141 MINORCAN ST.**  
**MIDDLEBERG FL 32068**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CARTWRIGHT, BRIAN</b>	
STREET ADDRESS	<b>2141 MINORCAN ST.</b>	
CITY-ST-ZIP	<b>MIDDLEBERG FL 32068</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *Brian Cartwright* **Brian Cartwright** 8-21-02 904-219-2116  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)