2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P00000074502

1. Entity Name

KODIAK CUSTOM HOMES, INC.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90070 010 ***150.00

Principal Place of Business 504A ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411		Mailing Address 504A ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411		90004242			
2. Principa	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HEDE IE MAN	This change		
City & State		City & State		CHECK HERE IF MAKING CHANGES 4. FEI Number 65-1038930 Applied For			
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 A	Not Applicable dditional	
	6. Name and Address of Curren	t Registered Agent			Fee Requir	red	
RAUSCH, MARY F P.A. 1411 INDIAN RD. WEST PALM BEACH FL 33406			Name Street Addre	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)			
		or the purpose of changing i	City	Fistered agent, or both, in the State of Florida. I a	Zip Co	de	
SIGNATURE			DTE: Registered Agent signature req				
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o			9. Election Campaign Financing Trust Fund Contribution.	\$5.0	00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTOR	0 (1) 44	
NAME STREET ADDRESS CITY-ST-ZIP	D MATA, LUCKY 14593 DRAFTHORSE LANE WEST PALM BEACH FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST. 719		☐ 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 changed, or on an attachment with an address with all after like empowered.

SIGNATURE

Daytime Phone #