2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002 UNIFORM BUSINESS REPORT (UBR)							FILED Jan 28, 2002 8:00 am				
DOCUMENT # P0000081974 1. Entity Name						Secretary of State 01-28-2002 90061 002 ***150.00					
K-CONSU	ILTING SERVI	CES, INC.					01-28	-2002 90061	002 ***150	0.00	
Principal Place of Business 12429 HIDDEN BROOK DR TAMPA FL 33624			Mailing Address 12429 HIDDEN BROOK DR TAMPA FL 33624					4 1 111 4 1 111 4 1 111 4 1 1	81 i 81 84 i 68 8 4 51 i 6 1 1	1611 1 212 1661	
2. Principal P	lace of Business	· [3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE					
City & State		F0-2667902				plied For					
Zip Country			Zip Country			5. C	ertificate of Status De		\$8.75 Add		
 	6. Name and A	ddress of Current Re	gistered Agent	<u> </u>		7. Na	me and Address of	New Registere	Fee Required d Agent	J	
				Nam	e		_		<u> </u>		
KENYON, CARL 12429 HIDDEN BROOK DR				Stree	Street Address (P.O. Box Number is Not Acceptable)						
TAMPA FL											
7AWI ATE	. 33027			City				F	Zip Code	9	
SIGNATURE .	Signature, typed or printed	I name of registered agent and		E; Registered Agent si	gnature required	- nav =		e of Florida.	E		
Tax filing r	oration is eligible to requirement and ele ria on back)	satisfy its Intangible octs to do so.	After May 1, 20 Make Check Payat		\$550.00	te	10. Election Campa Trust Fund Con	-		May Be to Fees	
11.		OFFICERS AND DIF	RECTORS	12.	T	ADD	TIONS/CHANGES	O OFFICERS A	ND DIRECTORS	3 IN 11	
TITLE NAME	PVST KENYON, CARL		☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	12429 HIDDEN TAMPA FL 3362	Brook Dr		STREET ADDRE	ss						
TITLE	D		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	KENYON, CARL 12429 HIDDEN	RROOK DR		name Street addré	ss						
CITY-ST-ZIP	TAMPA FL 3362			CITY-ST-ZIP							
TITLE NAME			☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			-	STREET ADDRE	ss			-			
TITLE NAME			☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRE	ss						
TITLE	i		☐ Delete	TITLE		*			☐ Change	☐ Addition	
NAME Street address City-St-Zip !				NAME STREET ADDRE CITY-ST-ZIP	ss						
TITLE		 	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET ADDRE	ss						
CITY-ST-ZIP		in the same of the		CITY-ST-ZIP							
indicated of the cor	on this report or su poration or the rece	pplemental report is tru iver or trustee empowe	is filing does not qualify for ue and accurate and that re ered to execute this report n all other like empowered	my signature sha : as required by	all have the s	same le	gal effect as if made.	under oath: tha	t Lam an officer.	or director	