

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90016 026 ***150.00

DOCUMENT # P00000082308

1. Entity Name
KEVIN'S BILLIARDS SUPPLY, INC.

Principal Place of Business 1650 RIVIERA DRIVE MERRITT ISLAND FL 32952	Mailing Address 1650 RIVIERA DRIVE MERRITT ISLAND FL 32952
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2425 N COURTEWAY Suite, Apt. #, etc. #105 City & State MERRITT ISLAND, FL	3. Mailing Address 2425 N COURTEWAY Suite, Apt. #, etc. #105 City & State MERRITT ISLAND, FL
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4. FEI Number 59-3668253
 Applied For Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Zip 32953 Country FLORIDA	Zip 32953 Country FLORIDA
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6. Name and Address of Current Registered Agent
 KEMPPANION, KEVIN
 1650 RIVIERA DRIVE
 MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D KEMPPANION, KEVIN 1650 RIVIERA DRIVE MERRITT ISLAND FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D KEMPPANIOW, CHERYL 1650 RIVIERA DR MERRITT ISLAND FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 _____ **SIGNATURE REQUIRED** _____
 Signature and typed or printed name of signing officer or director Date 4/22/02 Daytime Phone # 3214533600

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CR2E034 (9/01)