

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90976 049 \*\*\*158.75

0343013 AV.

**DOCUMENT # P00000090508**

1. Entity Name  
**KAPS WORLD, INC.**



Principal Place of Business  
**624 W. EVANSTON CIRCLE  
FT. LAUDERDALE FL 33312-2613**

Mailing Address  
**624 W. EVANSTON CIRCLE  
FT. LAUDERDALE FL 33312-2613**

2. Principal Place of Business  
**6631 T&T Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**6631 T&T Street**  
Suite, Apt. #, etc.

City & State  
**Hollywood FL**  
Zip  
**33324** Country  
**U.S.**

City & State  
**Hollywood FL**  
Zip  
**33324** Country  
**U.S.**

4. FEI Number  
**65-1033934**

Applied For  
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JACKSON, ROBERT  
624 W. EVANSTON CIRCLE  
FT. LAUDERDALE FL 33312-2613**

7. Name and Address of New Registered Agent

Name  
**DOOLING, ERIC**  
Street Address (P.O. Box Number is Not Acceptable)  
**2016 Northwest 3 Court**  
City  
**FT. LAUDERDALE FL** Zip Code  
**33311**

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 **Eric Dooling** **Eric Dooling** **4-28-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JACKSON, ROBERT</b> <b>624 W EVANSTON CIRCLE</b> <b>FORT LAUDERDALE FL 33312</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DOOLING, ERIC</b> <b>23 NORTHWEST 74TH AVE</b> <b>FORT LAUDERDALE FL 33311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FLETCHER, MARK</b> <b>4941 NW 17TH COURT</b> <b>LAUDERHILL FL 33311</b>	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Dooling, Leroy Jr.</b> <b>6001 N. Ocean Drive</b> <b>Hollywood FL 33019</b>	<input checked="" 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
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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

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ERIC DOOLING** **ERIC DOOLING** **4-28-03** **893-9622**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)