FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90131 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110292

1. Entity Name
K & S COLD STORAGE FACILITIES, INC.

11029511

Principal Place of Business	Mailing Address
10406 PLAZA CENTRO BOCA RATON, FL 33498	10406 PLAZA CENTRO BOCA RATON, FL 33498

2. Principal Place of Business	3. Mailing Address
10910 LAKemore LANE	10910 LAKemore LANE
Suite, Apt. #, etc. APT 101	Suite, Apt. #, etc. APT 101
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33498 Country	Zip 33498 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1093097 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KILMAN, STANLEY 10406 PLAZA CENTRO BOCA RATON, FL 33498	Name KILMAN STANLEY Street Address (P.O. Box Number Is Not Acceptable) 10910 LAKemore LANE APT 101 City BOCA RATON FL Zip Code 33498

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 STANLEY KILMAN Stanley Kilman 5/24/03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KILMAN, STANLEY M 10406 PLAZA CENTRO BOCA RATON, FL 33498 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10910 LAKemore LANE APT 101 BOCA RATON, FL 33498
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOWERS, ROBERT W 301 LK TALMADGE ROAD DELAND, FL 32724 ☐ 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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CR2E034 (10/02)

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: Stanley M. Kilman Stanley M. Kilman 5/24/03 561-482-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #