FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DO NOT WRITE IN THIS SPACE

DOCUMENT # 701000018787

KIRK LOWE ENTERPRISES INC.



Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90119 014 ***150.00

11028937

Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc. 81.D/- 10 #102	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State	City & State		4, FE	Number	Applied For
CORAL SORINGS, FL.			6	5-1102441	Not Applicable
33067 USA	Zip	Country	5. C	ertificate of Status Desired	\$8.75 Additional Fee Required
	and the second of the second o		7. Nan	ne and Address of Current Registere	ed Agent
Name KIRK LOWE					
IIII NI II WK					
IN THIS SPACE					
		City	7 1 . 1 .	SORINGS FI	Zip かずからて
The shows named entity submits this statement	for the purpose of changing its re	egistered office or rec	istered age		
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.					
1/11/10 1	$/$ ν	V D	INI	6 4-29	-03
SIGNATURE Signature, typed or printed name of registered age	ont and title if applicable. (NOTE: F	Registered Agent signature re	quired when rein	E 4-29 Stating) DATE	00
January 1 - May 1 Fee is \$150.00					
After May 1, Fee is \$550.00				9. Election Campaign Financing	\$5.00 May Be
Amended UBR is \$61.25 Make Check Payable to Florida Department	of State			Trust Fund Contribution. L	Added to Fees
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NAME KIKKLOWE		NAME			The second second
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CITY-SI-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied w	ith this filing does not qualify for th	ne exemption stated	in Section 1	9.07(3)(i), Florida Statutes. I further ce	ertify that the information

indicated on this report or supplied with this hims does not qualify for the exemption stated in Decision 19.07(3)(i), Florida Statutes. From a supplied with this hims does not qualify for the exemption stated in Decision 19.07(3)(i), Florida Statutes. Further certify 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 on an attachment with an address, with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR