

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

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

04-30-2003 90119 014 ***150.00

DOCUMENT # *P01000018787*

1. Entity Name

KIRK LOWE ENTERPRISES INC.



DO NOT WRITE IN THIS SPACE

11028937

2. Principal Place of Business

8821 WILES RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

BIDG. 10 #103

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL.

City & State

4. FEL Number

65-1102441

Applied For

Not Applicable

Zip

33067

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KIRK LOWE

Street Address (P.O. Box Number is Not Acceptable)

8821 WILES RD. #103

City

CORAL SPRINGS

FL

Zip Code

33067

**DO NOT WRITE
IN THIS SPACE**

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

Kirk P. Lowe

KIRK P. LOWE

4-29-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
*P & D
Kirk Lowe
8821 WILES RD. #103
CORAL SPRINGS, FL. 33067*

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeanna P. Lowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

(954) 592-1826

Daytime Phone #

CR2E034B (12/02)