

FILED  
Jun 24, 2002 8:00 am  
Secretary of State

05-27-2002 90431 046 \*\*\*150.00

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

DOCUMENT # **PD1000019774**

1. Entity Name  
**KDH INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**8724 W. Hillsborough Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**1199 Keating Dr**  
Suite, Apt. #, etc.

City & State  
**Tampa FL**

City & State  
**Tampa FL**

Zip  
**33615**

Zip  
**33626**

4. FEI Number  
**59-3704403**

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

6. Name and Address of Current Registered Agent  
Name: **DENNIS HARROP**  
Street Address: (P.O. Box Number is Not Acceptable)  
**1199 KEATING DR**  
City: **TAMPA** FL Zip Code: **33626**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its franchise tax filing requirements and checks in no so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$650.00  
Amended UBR is \$81.25  
State Check Payable to Department of State

10. Election Campaigns Financing  **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS |   |       |      |
|----------------------------|---|-------|------|
| TITLE                      | NAME  | TITLE | NAME |
| DIR                        | <b>DENNIS HARROP</b><br>1199 Keating Dr<br>Tampa FL 33626   | DIR   |      |
| DIR                        | <b>KATHLEEN HARROP</b><br>1199 Keating Dr<br>Tampa FL 33626 | DIR   |      |
|                            |   |       |      |
|                            |   |       |      |
|                            |   |       |      |
|                            |   |       |      |
|                            |   |       |      |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included on this report or supplementary 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 recipient or transferee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, and that I am the agent.

SIGNATURE: **Dennis Harrop** RESIDENT?

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DENNIS HARROP**

1001 B00202