

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90257 047 ***150.00

DOCUMENT # P01000029435

1. Entity Name
THE KIRKWOOD GROUP, INC.



Principal Place of Business
**17 PROMENADE AT LPGA
DAYTONA BEACH FL 32127-1500**

Mailing Address
**17 PROMENADE AT LPGA
DAYTONA BEACH FL 32127-1500**

90002653



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
397 Oak Ridge Blvd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Daytona Beach, FL
Zip
32118
Country
U.S.A

City & State
Zip
Country

4. FEI Number
59-3715402

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHAUFERT, RICHARD F
17 PROMENADE AT LPGA
DAYTONA BEACH FL 32127-1500**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	SCHAUFERT, RICHARD F	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	17 PROMENADE AT LPGA	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32127-1500	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 an other like empowered.

SIGNATURE: **Richard F. Schaufert**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03 346-323-9283

Date Daytime Phone #

CR2E034 (10/02)