

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000030374

1. Entity Name
KP THERAPEUTICS, INC.

Principal Place of Business
508 FIRST ST. SOUTH
JACKSONVILLE BEACH FL 32250

Mailing Address
508 FIRST ST. SOUTH
JACKSONVILLE BEACH FL 32250

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-21-2002 90865 002 ***158.75



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
830 3rd St. S.

3. Mailing Address
830 3rd St. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#103

#103

City & State
Jacksonville Bch, FL

City & State
Jacksonville Bch, FL

4. FEI Number

Applied For
☒ Not Applicable

Zip
32250

Country
USA

Zip
32250

Country
USA

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

RUEL, KIMBERLY
508 FIRST ST. SOUTH
JACKSONVILLE BEACH FL 32250

Name
Ruel, Kimberly

Street Address (P.O. Box Number is Not Acceptable)
830 3rd St. S., #103

City
Jacksonville Beach, FL

Zip Code
32250

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

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

(NOTE: Registered Agent signature required when requesting)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Kimberly Ruel
830 3rd St. S., #103
Jacksonville Bch, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly Ruel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02
Date

(904)
241-0702
Daytime Phone #

CR2E034 (9/01)