

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-28-2002 91702 020 ***150.00

DOCUMENT # P01000047464

1. Entity Name
KGLD ENTERPRISES, INC.

Principal Place of Business
**1803 BRIAR CREEK BLVD
SAFETY HARBOR FL 34695**

Mailing Address
**1803 BRIAR CREEK BLVD
SAFETY HARBOR FL 34695**

95240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
310 MEARS BLVD

3. Mailing Address
310 MEARS BLVD

City & State
OLDSMAR, FL

City & State
OLDSMAR, FL

4. FEI Number
54-3716553

Applied For
 Not Applicable

Zip
34695

Country
USA

Zip
34695

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

**MOORE, C A
400 N TAMPA STREET STE 2300
TAMPA FL 32302**

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.

SIGNATURE *[Signature]*

DATE
5/1/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

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 **PD** Delete
NAME **DAVICH, GERARD W**
STREET ADDRESS **1803 BRIAR CREEK BLVD**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **GATTI, HANK**
STREET ADDRESS **1803 BRIAR CREEK BLVD**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **LINDSEY, WILLIAM**
STREET ADDRESS **1803 BRIAR CREEK BLVD**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **KRUEGER, RICHARD K**
STREET ADDRESS **1803 BRIAR CREEK BLVD**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **5/1/02** DAYTIME PHONE # **(813) 891-6160**

CR2E084 (9/01)