

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000052250

1. Entity Name
KE-DA ENTERPRISES, INC.Principal Place of Business
6146 DEL RIO DR
PORT ORANGE FL 32127Mailing Address
6146 DEL RIO DR
PORT ORANGE FL 32127

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

City & State

City & State

Zip

Country

Zip

4. FEI Number

59-3723836

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTMAN, KEITH
6146 DEL RIO DR
PORT ORANGE FL 32127

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteBARTMAN, KEITH
6146 DEL RIO DR
PORT ORANGE FL 32127TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteDAVID A. Sipes
4723 Hidden Lakes Dr
Port Orange 32129TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

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:

Keith W. Bartman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02

Date

Daytime Phone #

CR2E034 (9/01)