

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

09-30-2002 90179 024 \*\*\*150.00

**DOCUMENT # P01000053701**  
 1. Entity Name  
**KA PROPERTIES OF POLK COUNTY, INC.**

Principal Place of Business  
**15905 81ST STREET**  
**SCOTTSDALE AZ 85260**

Mailing Address  
**15905 81ST STREET**  
**SCOTTSDALE AZ 85260**

2. Principal Place of Business  
**8477E. CHARTER OAK**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4036 W. DESERT COVE**  
 Suite, Apt. #, etc.

City & State  
**SCOTTSDALE, AZ**

City & State  
**PHOENIX, AZ**

4. FEI Number  
**86-1030791**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FEAR, CHRISTOPHER M**  
**ONE LAKE MORTON DRIVE**  
**LAKELAND FL 33801**

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)

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

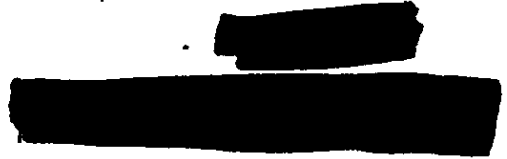
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAY, KENNETH H</b> <b>15905 81ST STREET</b> <b>SCOTTSDALE AZ 85260</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MICHAELSEN, ALWIN</b> <b>24394 WEST CARIBBEAN DRIVE</b> <b>SUMMERLIN KEY FL 33042</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAY, KENNETH H.</b> <b>8477 E. CHARTER OAK</b> <b>SCOTTSDALE, AZ 85260</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUGH W. JONES</b> <b>4036 W. DESERT COVE</b> <b>PHOENIX, AZ 85029</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Hugh W. Jones **HUGH W. JONES** **Sept 3, 2002** **402-8950**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 12, 2002

KA PROPERTIES OF POLK COUNTY, INC.  
4036 W DESERT COVE  
PHOENIX, AZ 85029

Subject: KA PROPERTIES OF POLK COUNTY, INC.

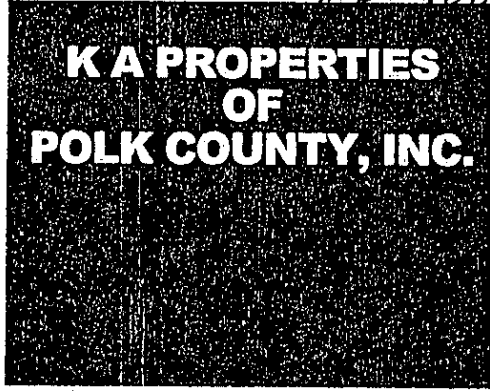
Reference Number: P01000053701

678475

ANNUAL REPORTS SECTION

15905 81<sup>st</sup> Street  
Scottsdale, Arizona  
Tel (602) 467-8950  
Fax(602) 467-8958

Attachment # 0010000 53701 678475



**MEMORANDUM TRANSMITAL**

DATE: *Sept 25, 2002*  
TO: *Division of Corporations*  
WITH: *Annual Reports Section*  
FROM: *Ralph W. Jones*  
WITH: *K A Properties of Polk County, Inc*

REGARDING: *As requested in your attached letter of Sept 12, 2002 we are returning our corrected report with the \$150<sup>00</sup> fee.*

*R. W. Jones*