04/24/2002 08:32 7705792572 BBS

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90131 042 ***150.00

DOCUMENT # P01000064120

1. Entity Name
K. PORTER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1238 RIVERSIDE DRIVE HOLLY HILL FL 32117	1238 RIVERSIDE DRIVE HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	313 State Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State: Holly Hill Fl
Zip / Country	Zip: 32117 / Country

4. FEI Number 59-3746820 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WARDEN, TODD C
1238 RIVERSIDE DRIVE
HOLLY HILL FL 32117

7. Name and Address of New Registered Agent

Name: Kathlee Porter
Street Address (P.O. Box Number is Not Acceptable): 313 State ave
City: Holly Hill FL Zip Code 32117

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: Kathleen Porter
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 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: DPST NAME: PORTER, KATHLEEN STREET ADDRESS: 1238 RIVERSIDE DRIVE CITY-ST-ZIP: HOLLY HILL FL 32117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Kathleen Porter — 4-20-02 — 386-2526661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #