## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2002 8:00 am Secretary of State DOCUMENT # P01000074500 1. Entity Name KAYSEE, INC. 05-01-2002 91485 007 \*\*\*150 00 Principal Place of Business Mailing Address 1816 EAST OAKLAND PARK BOULEVARD SUITE 59 1816 EAST OAKLAND PARK BOULEVARD SUITE 59 FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address 6635 W. Commercial 6635 W. Commercial Blvd Blvd Suite, Apt. #, etc. Suite 219 Suite, Apt. #, etc.Suite 219 DO NOT WRITE IN THIS SPACE c/o Tech Search America o Tech Search America City & State City & State 4. FE! Number Applied For <u>Tamarac.</u> Tamarac, <u>Florida</u> 65-1126025 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33319 USA 33319 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI FL 33145 Zip Code FL 3. 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. ≥10: Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE **PSTD** XXChange ☐ Addition NAME PETERSON, JENNIFER NAME Peterson, Jennifer 1816 EAST OAKLAND PARK BOULEVARD SUITE 59 STREET ADDRESS STREET ADDRESS 6635 W. CommercialiBlvd ste 219 CITY-ST-ZIP \* FORT LAUDERDALE FL 33304 CITY-ST-ZIP <u>Tamarac, Fl. 33319</u> TITLE ' ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition .... NAME' NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE: Jennifel Peterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Daytime Phone #