

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91027 027 ***150.00

DOCUMENT # P01000074500



1. Entity Name
KAYSEE, INC.

Principal Place of Business
2861 HIDALAND FOREST DR
201
FORT LAUDERDALE, FL 33309

Mailing Address
2861 HIDALAND FOREST DR
201
FORT LAUDERDALE, FL 33309



2. Principal Place of Business
6652 SUNVAL AVE
Suite, Apt. #, etc.

3. Mailing Address
6652 SUNVAL AVE
Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State
West Palm Beach FL
Zip
33411
Country
USA

City & State
West Palm Beach FL
Zip
33411
Country
USA

4. FEI Number
65-1126025
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHLDSSBERG, BERNARD
9900 WEST SAMPLE RD
33065
MIAMI, FL 33145

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PETERSON, JENNIFER 2861 N. OAKLAND FOREST DRIVE 201 FORT LAUDERDALE, FL 33309	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARGAITIS, Jennifer 6652 SUNVAL AVE West Palm Beach FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jennifer Margaitis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/21/04
Daytime Phone #

Attachment:

P 010000 74 500
44037174

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

DATE RETURNED:

RECORDED: BOOK PAGE

HOWARD C. FORMAN , CLERK OF COURT
BY, DEPUTY CLERK

ML-CE-03-004627

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. GROOM'S NAME (First, Middle, Last) CHRISTOPHER SCOTT MARGAITIS		2. DATE OF BIRTH (Month, Day, Year) OCT 11, 1971	
3a. RESIDENCE - CITY, TOWN OR LOCATION OAKLAND PARK	3b. COUNTY BROWARD	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) TEXAS
5a. BRIDE'S NAME (First, Middle, Last) JENNIFER NMN PETERSON		5b. MAIDEN SURNAME (if different)	
7a. RESIDENCE - CITY, TOWN OR LOCATION OAKLAND PARK		7b. COUNTY BROWARD	7c. STATE FLORIDA
		6. DATE OF BIRTH (Month, Day, Year) JUN 21, 1970	
		8. BIRTHPLACE (State or Foreign Country) NEW JERSEY	
<p>WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.</p>			
9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Christopher Scott Margaitis</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) OCT 03, 2003	
11. TITLE OF OFFICIAL DEPUTY CLERK ADELANIA FERRANTE		12. SIGNATURE OF OFFICIAL (Sign full name using black ink)	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Jennifer Nmn Peterson</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) OCT 03, 2003	
15. TITLE OF OFFICIAL DEPUTY CLERK ADELANIA FERRANTE		16. SIGNATURE OF OFFICIAL (Sign full name using black ink)	
LICENSE TO MARRY			
<p>AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.</p>			
17. COUNTY ISSUING LICENSE BROWARD	18. DATE LICENSE ISSUED OCT 03, 2003	19a. DATE LICENSE EFFECTIVE OCT 06, 2003	19b. EXPIRATION DATE DEC 04, 2003
20a. SIGNATURE OF CLERK, CLERK OR JUDGE <i>Adelania Ferrante</i>		20b. TITLE DEPUTY CLERK ADELANIA FERRANTE	
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
21. DATE OF MARRIAGE (Month, Day, Year) OCTOBER 08, 2003		22. CITY, TOWN, OR LOCATION OF MARRIAGE FORT LAUDERDALE	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Adelania Ferrante</i>		23b. ADDRESS (Of person performing ceremony) 201 S.E. 6 ST. FORT LAUDERDALE, FL. 33301	
24. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) ADELANIA FERRANTE DEPUTY CLERK/BROWARD COUNTY		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	
INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED			
GROOM	26. SOCIAL SECURITY NUMBER 410-53-5806	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
			29a. NO. OF THIS MARRIAGE 02
			29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE
			29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) SEP 16, 1999
BRIDE	30. SOCIAL SECURITY NUMBER 137-60-8863	31. RACE HISPANIC	32. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
			33a. NO. OF THIS MARRIAGE 01
			33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)
			33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)