

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90173 001 ***150.00

DOCUMENT # P01000074500

1. Entity Name
KAYSEE, INC.



Principal Place of Business
**6635 W. COMMERCIAL BLVD. - SUITE 219
C/O TECH SEARCH AMERICA
TAMARAC FL 33319**

Mailing Address
**6635 W. COMMERCIAL BLVD. - SUITE 219
C/O TECH SEARCH AMERICA
TAMARAC FL 33319**



2. Principal Place of Business
2861 N. OAKLAND FOREST DR

3. Mailing Address
2861 N. OAKLAND FOREST DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

201

City & State
OAKLAND PARK FL

City & State
OAKLAND PARK FL

Zip
33309

Country
BROWARD

Zip
33309

Country
BROWARD

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI FL 33145**

Name
BERNARD SCHLOSSBERG
Street Address (P.O. Box Number is Not Acceptable)
**9900 WEST SANDPIE ROAD
SUITE 308
CITY SPRING FL 33065**

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 **BERNARD SCHLOSSBERG**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/12/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **PETERSON, JENNIFER**
CITY-ST-ZIP **6635 W. COMMERCIAL BLVD. -STE.219
TAMARAC FL 33319**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2861 N. OAKLAND FOREST DR SUITE 201**
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PETERSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03 **954-126-7779**
Date Daytime Phone #

CR2E034 (10/02)