## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P01000087841



**FILED** Feb 27, 2003 8:00 am Secretary of State

1. Entity N	AL KINETICS, INC.	00007041		02-27-2003 901	37 001 ***150.00	
Principal Pr 5419 PRO HOLIDAY		Mailing Address 5419 PROVOST HOLIDAY FL 34690				
2. Principal Place of Business — 3. Mailing Address 1904 CAMMET ST 1904 CAMMET		IT ST				
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.		CHECK HERE IF M	CHECK HERE IF MAKING CHANGES	
CLEAI	CWATER FC	CLE ARWATER	FL	4. FEI Number 59-3743566	Applied For Not Applicable	
Zip 337	6. Name and Address of Current	33765	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	or Hame and Address of Carrent	7. Name and Address of New Regist	7. Name and Address of New Registered Agent			
SISSON	I, LARRY	RONALO VASSALLO	TLD VASSALID			
218 SOUTHERN COUNTRY LN. Street Add				ddress (P.O. Box Number is Not Acceptable)		
QUINCY FL 32351			190	1904 CALLMET SI		
CI				EARWATER FL Zip Code 33765		
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.						
// 11// //						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whos constitute)						
	FILE NOW!!! FEE IS \$150.00	nd title if applicable. (NOTE: Re	egistered Agent signatur	e required when reinstating)	DATE	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				Election Campaign Financin     Trust Fund Contribution.	g \$5.00 May Be Added to Fees	
10.	OFFICERS AND I	DIRECTORS	11,	ADDITIONS (CHANGES TO OFFICE		
TITLE	D	☐ Delete		ADDITIONS/CHANGES TO OFFICERS		
NAME	VASALLO, RONALD	2500	NAME	RONALO VASSALIO 1904 CALLIMET ST	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	5419 PROVOST		STREET ADDRESS			
	HOLIDAY FL 34690		CITY-ST-ZIP	CLEARWATER, FL 33765		
TITLE NAME	SVPD HIPSELARNO PORIN	☐ Delete	TITLE	PACE D.	Change	
STREET ADDRESS	HIRSELARNO, ROBIN 5419 PROVOST DR		NAME	I The second of	_	
CITY-ST-ZIP	HOLIDAY FL 34690		STREET ADDRESS CITY-ST-ZIP	Lie Control In		
TITLE	SVPD	□ Delete	TITLE			
NAME	VASSALLO, BRIAN	Delete	NAME .		- Charige - Acadeon	
STREET ADDRESS	5419 PROVOST DR		STREET ADDRESS			
CITY-ST-ZIP	HOLIDAY FL 34690		CITY-ST-ZIP			
TITLE	SVP	Delete	TITLE	C00 D	Change Addition	
NAME STREET ADDRESS	SOUZA, MICHAEL 5419 PROVOST		NAME	BRIAN VASSALLO	ES Overige L3 Addition	
CITY-ST-ZIP	HOLIDAY FL 34691		STREET ADDRESS	1904 CALLMET SI		
TITLE	110001112 04031		CITY-ST-ZIP	CLEARWATTER, PL 37765		
NAME	•		TITLE	SVI D	Change	
STREET ADDRESS	•		NAME STREET ADDRESS	ROBIN HIRSCLBERL 1904 CALLMET ST	,	
CITY-ST-ZIP			CITY-ST-ZIP	CHERRWATER (TL 33765		
TITLE	· · · · · · · · · · · · · · · · · · ·		TITLE	fres. D		
NAME		·	NAME	EDWARD RUBINISON	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS	1904 CANAMAT CT		

CLEARWATEN FI 33765 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 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.

CITY-ST-ZIP

SIGNATURE:

AUGLE VOLLET LE CROURES WASSING

727-442-2721

Daytime Phone #