## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Aug 19, 2002 8:00 am Secretary of State P01000088892 DOCUMENT # 1. Entity Name 08-19-2002 90126 016 \*\*\*150.00 SUBS KM, INC. Principal Place of Business Mailing Address 5535 BENEVA WOODS CIR. 5535 BENEVA WOODS CIR. SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name MAGLICH, DAVID S ESQ Street Address (P.O. Box Number is Not Acceptable) 1515 RINGLING BLVD., STE. 1000 SARASOTA FL 34236 City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (4/02) TITLE ☐ Addition TITLE Delete ☐ Change MILLER. HARRIS K NAME 5535 BENEVA WOODS CIR. STREET ADDRESS STREET ADDRESS SARASOTA FL 34233 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change KING, WILLIAM NAME NAME STREET ADDRESS 5535 BENEVA WOODS CIR. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED IN

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

8/11/02

**(941) 921-9549** 

☐ Change

☐ Addition

august 11, 2002 attachmer 88892 97522 Katherine Horas C/o Florida Department of State Devision of Corporations P.O. Box 6327 Tollohanne, FL 32314. Dear Ms. Havis: as your records will show, we are a new corporation in Florida. We DID NOT receive an earlier mailing of the 2002 UBR - and the eveloue version overview in we just heard from the attorney who wereporated us - and he explained that we have to file this form Please find evelosed the completed wee We respectfully request that you accept our enclosed paryment of \$150.00 as payment in full of our annual registration fee due to the cumstances described above. Thank you. Sincerely, William D. Ina WILLIAM D. KING