1-30-2002 5:08PM FROM

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90306 018 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000089218

1. Entity Name
KDK PROPERTIES, INC. ✓

817983

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1105 E. CONCORD ST.	1105 E. CONCORD ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32803 Country: USA	Zip: 32803 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3744486 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE: P NAME: KAY JENNINGS STREET ADDRESS: 1250 MARKHAM WOODS RD. CITY-ST-ZIP: LONGWOOD, FL	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V NAME: KELLY GREEN STREET ADDRESS: 514 BROADWAY STREET CITY-ST-ZIP: ORLANDO, FL 32803	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V2 NAME: DONNA TOLLIVER STREET ADDRESS: 4111 SHORECREST DRIVE CITY-ST-ZIP: ORLANDO, FL 32804	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Tolliver 1/31/02 407-246-7155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #