

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90205 033 \*\*\*150.00

**DOCUMENT # P01000089218**

1. Entity Name  
**KDK PROPERTIES, INC.**



Principal Place of Business  
**11056 E CONCORD ST  
ORLANDO FL 32803**

Mailing Address  
**11056 E CONCORD ST  
SUITE B  
ORLANDO FL 32803**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1105 E. Concord St**  
Suite, Apt. #, etc.

3. Mailing Address  
**1105 E. Concord St**  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3744486**

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

**KOLTUN, JEFFREY M  
557 NORTH WYMORE ROAD  
SUITE 100  
MAITLAND FL 32751**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
JENNINGS, KAY  
976 ORANGE AVENUE #B  
WINTER PARK FL 32789** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GREEN, KAY  
1250 MARKHAM Woods Rd  
LONGWOOD, FL 32779** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSTD  
TOLLIVER, DONNA  
976 ORANGE AVENUE #B  
WINTER PARK FL 32789** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSTD  
Tolliver, DONNA  
4111 Shore Crest Dr.  
Orlando FL 32804** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
GREEN, KELLY  
976 ORANGE AVENUE #B  
WINTER PARK FL 32789** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
GREEN, KELLY  
514 Broadway Avenue  
Orlando, FL 32803** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ 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: Donna Tolliver** **REQUIRED** **DONNA Tolliver** **1/7/03** **407-246-7155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)