## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Aug 25, 2002 8:00 am Secretary of State **DOCUMENT#** P01000092729 1. Entity Name 08-25-2002 90217 017 \*\*\*158.75 KALM SERVICES, INC. Principal Place of Business Mailing Address 8340 SW 35 TERRACE 8340 SW 35 TERRACE MIAMI FL 33155 MIAMI FL 33155 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 65-1138969 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. FINANCIAL FOUNDATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 3150 SANDY RIDGE DRIVE **CLEARWATER FL 33761** 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. (See criteria on back) \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE CR2E034 (4/02) ☐ Addition ☐ Change NAME DESJARDINS, LEE R NAME STREET ADDRESS 8340 SW 35 TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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 tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

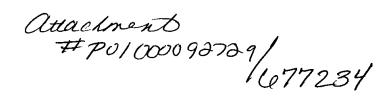
TITLE

NAME

☐ Delete

☐ Change

☐ Addition



July 29, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida, 32314

KALM Services, Inc. Lee Desjardins 8340 SW 35 Terrace Miami, FL 33155

To Whom It May Concern:

Please understand that I did not receive the first notice for the Uniform Business Report and I ask that the \$500 fee be waived. Please find enclosed the \$150.00 fee for filing the UBR. Please call 305-226-9146 with any questions or further instructions.

Thank you in advance for your cooperation,

Lee Desjardins