2002 UNIFORM BUSINESS REPORT (UBR) P01000103930 **DOCUMENT #** 1. Entity Name KPS DESIGNS, INC.

FILED May 20, 2002 8:00 am Secretary of State 05-20-2002 90087 041 ***158.75

Principal Place of Business 1607 GREENWOOD LANE EAST MIDDLEBURG FL 32068 MiddleBurg FL 32068 MiddleBurg FL 32068			EAST		1 (BANGEN) AN 40 101 (1011 41 115 41 115 41		7 ~ ^ A	. 2012 . 10 12 1 01 0	
2. Principal Place of Business 1726 Kingsley Avenue 1726 Kingsley Suite, Apt. #, etc. 10			Ave.		DO NOT WRITE IN THIS SPACE				
Drange Drange	Park FL	Orange Park	, FL	5	FEI Number 9-3752880			oplied For ot Applicable	1
3207	3 Country	32073	*Country	5.	Certificate of Status Desired		8.75 Addee Require		
-2.2.4	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Ro	gistered Ag	ent		1
Horn, Ri 1607 Gre Middlebu		Name Street Address (P.O. Box Number is Not Acceptable)							
			City			FL	Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its re	eaistered office o	r registered ac	gent, or both, in the State of Flo				1
SIGNATURE .	Signature, typed or printed name of registered agent a		Registered Agent signal		· · · · · · · · · · · · · · · · · · ·	DATE			
Tax filing (See criter	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FEE IS \$150. Fee will be \$5 to Departmen	550.00 t of State	10. Election Campaign Fine Trust Fund Contribution		Added	May Be d to Fees		
11.	OFFICERS AND I		12.	1 / 4	DDITIONS/CHANGES TO OFFI		_		=
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President RICHARD HORN 1726 Kingsley Ave., # Orange Park, FL	□ Delete 10 32013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Preside RicHA 1726 t	nt Hoen kingsley Ave. #1 e Park, FL 321	٥	Change	⊡ Addition	2E034 (0/0)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Lawrence E. Bennett 315 Herbert St. Port Orange, FL 32	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-P Lawren 315 He	vesident nce E. Bennett rbert St. Orange, Fl 321		□ Change	-Addition	3	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		F 12 - F 12 - F		Change	Addition	•
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13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or flustee emplo or on an attachment with an address, w	this filling does not qualify for the true and accurate and that my wered to execute this report a with a cother like empowered.	he exemption star signature shall h s required by Cha	ted in Section have the same apter 607, Flor	119.07(3)(i), Florida Statutes. I legal effect as if made under o ida Statutes; and that my name	further certify ath; that I am appears in E	that the in an officer llock 11 or	iformation or director Block 12 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR