FROM : FAX NO. : 4073390659 5/21/

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-21-2002 91150 021 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000111828

1. Entity Name
K. and F. Corporation

Principal Place of Business
2777 Joseph Cir
Oviedo, Fl
32765

Mailing Address
2777 Joseph Cir
Oviedo, Fl
32765

94030

2. Principal Place of Business: 1905 E Michigan St
Suite, Apt. #, etc.
City & State: Orlando Fl
Zip: 32806- Country: Orange

3. Mailing Address: 2777 Joseph Cir
Suite, Apt. #, etc.
City & State: Oviedo Fl 32
Zip: 32765 Country: Seminole

DO NOT WRITE IN THIS SPACE

4. FEI Number: ~~59-3000272~~ 300000272 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PASQUIER, KETTY
2777 JOSEPH CIR
OVIEDO FL 32765

7. Name and Address of New Registered Agent
Name: Fritz Louis
Street Address (P.O. Box Number is Not Acceptable): 2777 Joseph Cir
City: Oviedo Fl 32765
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 Ketty Pasquier
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date 6/5/02

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete
PASQUIER, KETTY 2777 JOSEPH CIR OVIEDO FL 32765	☐
Fritz Louis 2777 Joseph Cir Oviedo Fl 32765	☐
	☐
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
President	☐	☐
Vice President	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

CR2E034 (9/99)

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.

SIGNATURE: KPasquier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #