

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90189 025 ***550.00

0125460 AV

DOCUMENT # P01000113445

1. Entity Name
9 TO 18, INC.



Principal Place of Business
**1980 N. ATLANTIC AVENUE
SUITE 1024
COCOA BEACH FL 32931**

Mailing Address
**96 WILLARD STREET. #302
COCOA FL 32922**

2. Principal Place of Business

3. Mailing Address

BOX 488

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
COCOA BCH, FL

Zip

Country

Zip

Country

32932

BREVARD

4. FEI Number

**APPLIED FOR
01-0600847**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BENNETT, KOHN
96 WILLARD STREET, #302
COCOA FL 32922**

7. Name and Address of New Registered Agent

Name **KEN. ALLES**
Street Address (P.O. Box Number is Not Acceptable)
**1980 N. ATLANTIC AVE
ST 1024
CITY COCOA BCH FL Zip Code 32931**

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 *Kennally Press* **KEN. ALLES**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-12-03

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

TITLE **P** ☐ Delete
NAME **ALLES, K.E.**
STREET ADDRESS **1980 N. ATLANTIC AVENUE, SUITE 1024**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE **VPST** ☐ Delete
NAME **WEYNERT, N.A.**
STREET ADDRESS **1980 N. ATLANTIC AVENUE, SUITE 1024**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP

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: *KEN. ALLES*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-03 321-783-3000
Date Daytime Phone #

CR2E034 (10/02)