

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90096 020 ***150.00

DOCUMENT # *P02000032043*

1. Entity Name

Richard R. KANAGIE INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8342 SYLVAN DR.

Suite, Apt. #, etc.

3. Mailing Address

6984 HAMMOCK TR. DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST MELBOURNE FL.

City & State

MELBOURNE FL.

4. FEI Number

02-0568837

Applied For

Not Applicable

Zip

Country

BREVARD

Zip

Country

BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard KANAGIE

Street Address (P.O. Box Number is Not Acceptable)
6984 HAMMOCK TR. DR.

City

MELBOURNE

FL

Zip Code

32940

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

5/1/03
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

*OWNER = D
Richard KANAGIE
6984 HAMMOCK TR. DR.
MELBOURNE FL. 32940*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Kanagie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03
Date

321 794 6514
Daytime Phone #

CR2E034B (12/02)