APR-28-2003 MON 03:25 PM FAX NO.

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90356 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000040668 ✓

1. Entity Name
KBUNCH, INC.

Principal Place of Business
582 BUCKINGHAM AVENUE
MELBOURNE FL 32935

Mailing Address
582 BUCKINGHAM AVENUE
MELBOURNE FL 32935

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip   Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip   Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 46-0465746   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ALRON ENTERPRISES, INC.
390 NARRAGANSETT STREET NE
PALM BAY FL 32935

7. Name and Address of New Registered Agent
Name Karen L. Bunch
Street Address (P.O. Box Number is Not Acceptable) 582 Buckingham Ave
City Melbourne FL Zip Code 32935

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 X Karen Bunch Karen Bunch, Reg Agent 4/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUNCH, KAREN L 582 BUCKINGHAM AVENUE MELBOURNE FL 32935 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S/T Bunch Karen 582 Buckingham Ave Melbourne FL 32935 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Karen Bunch Karen Bunch, President 4/16/03 (321) 633-4028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #