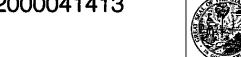
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR** P02000041413

**DOCUMENT#** 1. Entity Name

HERBY KIRBY, INC.





Principal Place of Business Mailing Address 602 WHIPPOORWILL LANE 602 WHIPPOORWILL LANE OVIEDO FL 32765 OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 03-04 52623 City & State City & State Applied For r Villa 03-04526230 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIRBY, SCOTT W Street Address (P.O. Box Number is Not Acceptable) **602 WHIPPOORWILL LANE** OVIEDO FL 32765 Zip Code envior the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept Scott W. Kirby President 1-29-03  $\omega$  . We have Sec. ~Treas 1-29.03 SIGNATURE goent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Addition TITLE TITLE Change KIRBY, SHARI W NAME NAME STREET ADDRESS **602 WHIPPOORWILL LANE** STREET ADDRESS CITY-ST-7IP **OVIEDO FL 32765** CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME KIRBY, SCOTT W NAME STREET ADDRESS STREET ADDRESS 602 WHIPPOORWILL LANE CITY-ST-7IP CITY-ST-ZIP OVIEDO FL 32765 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \_CITY.-ST-ZIP. \_ TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Delete

JAPARI W. Kirby Sections

☐ Change

Change

407.365.1601

☐ Addition

☐ Addition

Apr 28, 2003 8:00 am Secretary of State .

FILED

04-28-2003 90543 009 \*\*\*150.00