


FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90741 036 ***150.00

DOCUMENT # 1. Entity Name KAL DELIVERY, INC.		P02000050097			
Principal Place of Business 3007 TONBRIDGE COURT JACKSONVILLE FL 32225		Mailing Address 3007 TONBRIDGE COURT JACKSONVILLE FL 32225			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent					
LACOCK, KIRK A 3007 TONBRIDGE COURT JACKSONVILLE FL 32225					Name
					Street Address (If different from above)
					City
					State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, and the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					11.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LACOCK, KIRK A 3007 TONBRIDGE COURT JACKSONVILLE FL 32225 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E034 (10/02)