2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P02000050097 **DOCUMENT #**



Mar 10, 2003 8:00 am Secretary of State 03-10-2003 90741 036 ***150.00

FILED

1. Entity Name KAL DELIVERY, INC. Principal Place of Business Mailing Address 3007 TONBRIDGE COURT 3007 TONBRIDGE COURT JACKSONVILLE FL 32225 JACKSONVILLE FL 32225

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FE! Number Applied For 02-0596483 Not Applicable Zip Country Zip Country \$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 LACOCK, KIRK A Street Address (P.O. Box Number is Not Acceptable) 3007 TONBRIDGE COURT JACKSONVILLE FL 32225 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** ☐ Delete TITLE ☐ Change Addition NAME LACOCK, KIRK A NAME STREET ADORESS 3007 TONBRIDGE COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director as ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is tr of the corporation or the receiver or trustee empor changed, or on an attachment with ar

SIGNATURE:

Date

Daytime Phone #