2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State
07-09-2003 90040 022 ***158.75

DOCUMENT # P02000053652

1. Entity Name
KATHY'S FORGET ME NOT, INC.

Principal Place of Business	Mailing Address
~~3278C CRAWFORDVILLE HWY~~	~~3278C CRAWFORDVILLE HWY~~
CRAWFORDVILLE FL 32327	CRAWFORDVILLE FL 32327

[redacted]

2. Principal Place of Business	3. Mailing Address
3016 Crawfordville Hwy.	3016 Crawfordville Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crawfordville FL	City & State: Crawfordville FL
Zip: 32327 Country:	Zip: 32327 Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 03-0438802 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POSEY, KATHY M	Name: Kathy M. Porter
630 OAK PARK RD	Street Address (P.O. Box Number is Not Acceptable): 3016 Crawfordville Hwy.
SOPCHOPPY FL 32358	City: Crawfordville FL Zip Code: 32327

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: Kathy Porter
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	PSD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	~~POSEY, KATHY M~~		NAME	Porter, Kathy M.	
STREET ADDRESS	3278C CRAWFORDVILLE HWY		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		CITY-ST-ZIP		
TITLE	VT	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	~~POSEY, BILLY~~		NAME	Porter, Billy	
STREET ADDRESS	3278C CRAWFORDVILLE HWY		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: Kathy Porter REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #