FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90719 017 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000056608

1. Entity Name
Kavanagh Services P.A.

DO NOT WRITE IN THIS SPACE

90119234

2. Principal Place of Business	3. Mailing Address
2638-3 SR 21	PO Box 348
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melrose FL	City & State: Melrose Fl
Zip: 32666 / Country: Clay	Zip: 32666 / Country: Clay

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0704194 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Korine Kavanagh
Street Address (P.O. Box Number is Not Acceptable)
2638-3 SR 21
City Melrose **FL** Zip Code 32666

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) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P.
NAME	Korinne Kavanagh
STREET ADDRESS / CITY-ST-ZIP	2210 NE 55 Blvd Gainesville Fl 32641
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Korinne Kavanagh 05-01-2003 352-256-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #