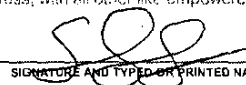


FILED
May 02, 2003 8:00 am
Secretary of State

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			
2. Principal Place of Business 2638-3 SR 21 Suite, Apt. #, etc.		3. Mailing Address PO Box 348 Suite, Apt. #, etc.	
City & State Melrose FL		City & State Melrose FL	
Zip 32666	Country Clay	Zip 32666	Country Clay
4. FEI Number 01-0704194		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Korinne 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's high state required when renouncing) 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 NAME STREET ADDRESS CITY-ST-ZIP	P. Korinne Kavanagh 2210 NE 55 Blvd Gainesville FL 32641	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 05-01-2003	352-256-6966

CR2E034B (12/02)