

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90061 014 ***150.00

DOCUMENT # P02000058363

1. Entity Name

KAY CONSTRUCTION GROUP, INC.

CORRECT



Principal Place of Business

5708 SW 47TH PLACE

GAINESVILLE FL 32608

Mailing Address

5708 SW 47TH PLACE

GAINESVILLE FL 32608

CORRECT

*your printed addresses
are correct*



2. Principal Place of Business

~~5708 SW 47TH PLACE~~

3. Mailing Address

~~5708 SW 47TH PLACE~~

Suite, Apt. #, etc.

~~GAINESVILLE, FL~~

Suite, Apt. #, etc.

~~GAINESVILLE, FL~~

City & State

City & State

Zip

~~32608~~

Country

~~ALACHUA~~

Zip

~~32608~~

Country

~~ALACHUA~~

4. FEI Number

30-0081810

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAY, STEPHEN T JR

5708 SW 47TH PLACE

GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

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

TITLE
NAME*
STREET ADDRESS
CITY-ST-ZIP
PDS
KAY, STEPHEN T JR
5708 SW 47TH PLACE
GAINESVILLE FL 32608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDT
ARNOLD, STEVE
28104 SW 114TH PLACE
NEWBERRY FL 32669 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Steve Arnold* **REGISTERED** **ARNOLD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

Daytime Phone #

CELL 352-215-6628

352-472-6180

CR2E034 (10/02)