FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90143 025 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000060171

1. Entity Name

BIG KAHOONA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1850 1st AVE		33 COUNTRY VIEW ESTATES	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State: DELAND FL		City & State: NEWVILLE PA	
Zip: 32724	Country: US	Zip: 17241	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 27-0015183 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JEFFREY S KINGSBOROUGH

Street Address (P.O. Box Number is Not Acceptable): 1850 1st AVE

City: DELAND FL Zip Code: 32724

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] 05/15/03

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	PRESIDENT/SECRETARY	TITLE	
NAME	JEFFREY S KINGSBOROUGH	NAME	
STREET ADDRESS	33 COUNTRY VIEW ESTATES	STREET ADDRESS	
CITY-ST-ZIP	NEWVILLE PA 17241	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034-B (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: [signature] JEFFREY S KINGSBOROUGH 05/15/03 (570) 525-1727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #