

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90998 040 ***150.00

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

DOCUMENT # P02000073608 1. Entity Name KW AUTO TECH, INC.			
Principal Place of Business 4301 OAK CIRCLE, #13 BOCA RATON, FL 33431		Mailing Address 4301 OAK CIRCLE, #13 BOCA RATON, FL 33431	
2. Principal Place of Business State, Apt. #, etc. City & State Zip		3. Mailing Address 9912 Riverview Dr. State, Apt. #, etc. City & State Sebastian FL Zip 32976 Country US	
4. FEI Number 51-0424797		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODS, JERRY S 9912 RIVERVIEW DR MICCO, FL 32876		7. Name and Address of New Registered Agent Name Woods, I Kyle Street Address (P.O. Box number is not acceptable) 9912 Riverview Drive City Sebastian FL Zip Code 32976	
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: <u>I Kyle Woods Pres</u> DATE: <u>4-29-03</u> Signature, typed or printed name of registered agent and is to be applicable. (NOTE: Registered Agent is required to sign when submitting)			
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 NAME STREET ADDRESS CITY-ST-ZIP PO WOODS, J. KYLE 4301 OAK CIRCLE, #13 BOCA RATON, FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 9912 Riverview Dr Sebastian, FL 32976	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP JO WOODS, JERRY S 4301 OAK CIRCLE, #13 BOCA RATON, FL 33431	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SO WOODS, MICHELLE H 4301 OAK CIRCLE, #13 BOCA RATON, FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 9912 Riverview Dr. Sebastian, FL 32976	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 507, 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: <u>I Kyle Woods</u>		DATE: <u>4-29-03</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Case <u>772-663-7060</u>	

70053925



☐ CHECK HERE IF MAKING CHANGES

CPRE004 (10/02)