

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90183 021 ***150.00

DOCUMENT # P02000092626

1. Entity Name
K1 ENTERPRISES, INC.



Principal Place of Business

4029 ATLANTIC BLVD
JACKSONVILLE FL 32207

Mailing Address

4029 ATLANTIC BLVD
JACKSONVILLE FL 32207

2. Principal Place of Business

755 8TH AVE S

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH, FL

City & State

Zip

32250

Country

DUVAL

Country

4. FEI Number

56-2288165

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BORDIN, KATHERINE A
4029 ATLANTIC BLVD
JACKSONVILLE FL 32207

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

Katherine A Bordin N/A

1/13/03

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 P
NAME BORDIN, KATHERINE A
STREET ADDRESS 4029 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 755 8TH AVE S
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

☒ Change ☐ Addition

TITLE
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine A Bordin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #