

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90193 014 ***150.00

DOCUMENT # P02000099103

1. Entity Name
KGME, INC.



Principal Place of Business
**1109 PINE MILL LANE
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**1109 PINE MILL LANE
PONTE VEDRA BEACH, FL 32082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3725683

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

**SLOTT, ARNOLD H
SLOTT & BARKER
334 EAST DUVAL STREET
JACKSONVILLE, FL 32202**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D P&T** ☐ Delete
NAME **MAZZA, KELLI H**
STREET ADDRESS **1109 PINE MILL LANE**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **P, T** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D VP, S** ☐ Delete
NAME **MAZZA, GREGORY C SR**
STREET ADDRESS **1109 PINE MILL LANE**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **VP, S** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Kelli H. Mazza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-543-9530

CR2E034 (10/02)

Attachment#
80120587
D02000099103

05/10/03

Uniform Business Report
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

I am writing in hopes that you will take pity on my and not bill me for the \$400.00 my attorney tells me is due. My family has been through a great deal this past year and somewhere through it the reminder from my attorney was thrown away. I know this is a poor excuse but it's the truth. I have never had to file before and I promise if you let me go this time I will pay my fees when I pay my taxes.

Thank you in advance for your consideration.


Kelli Mazza