


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

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

04-14-2003 90408 033 ***150.00

DOCUMENT # P02000099373

1. Entity Name
KIMBALL INVESTMENTS, INC.



Principal Place of Business
**3929 SIERRA MADRE DR N
JACKSONVILLE FL 32217**

Mailing Address
**3929 SIERRA MADRE DR N
JACKSONVILLE FL 32217**



2. Principal Place of Business
12024 Sunowa Springs Tr.
Suite, Apt. #, etc. **TR.**

3. Mailing Address
12024 Sunowa Springs Tr.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Bryceville, FL

City & State
Bryceville, FL

Zip
32009

Country
Nassau

Zip
32009

Country

4. FEE Number
06-1647982

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KIMBALL, KATIE
3929 SIERRA MADRE DR N
JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent
Name **Katie Kimball**
Street Address (P.O. Box Number is Not Acceptable)
12024 Sunowa Springs Trail
Bryceville, FL 32009

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  DATE **4/8/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

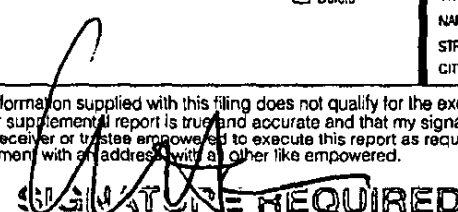
FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 | DPT KIMBALL, KATIE 3929 SIERRA MADRE DR N JACKSONVILLE FL 32217 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS KIMBALL, MARK 3929 SIERRA MADRE DR N JACKSONVILLE FL 32217 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12024 Sunowa Springs Tr. Bryceville, FL 32009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12024 Sunowa Springs Tr. Bryceville, FL 32009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **4/8/03** DAYTIME PHONE # **904-997-9557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)