


FILED
May 30, 2003 8:00 am
Secretary of State

05-01-2003 90975 031 ***150.00

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

5/1

DOCUMENT # P02000100730			
1. Entity Name KHADMILROY, INC.			
Principal Place of Business 13796 NW 22 PLACE SUNRISE FL 33323		Mailing Address 13796 NW 22 PLACE SUNRISE FL 33323	
2. Principal Place of Business 1868 n university ^{Suite} 201		3. Mailing Address 1868 n university ^{Suite} 201	
Suite, Apt. #, etc. Plantation		Suite, Apt. #, etc. Suite 201	
City & State Plantation FL		City & State Plantation FL	
4. FEI Number 04-3718262		Applied For <input type="checkbox"/> Not Applicable	
Zip 33322	Country Broward	Zip 33322	Country Broward
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent SCOTT-PATTERSON, YVETTE 13796 NW 22 PLACE SUNRISE FL 33323		7. Name and Address of New Registered Agent Name: Yvette Scott Patterson Street Address (P.O. Box Number is Not Acceptable): 9731 NW 25 CT City: Sunrise FL Zip Code: 33322	
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 _____ (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. <input type="checkbox"/> \$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	P SCOTT-PATTERSON, YVETTE 13796 NW 22 PLACE SUNRISE FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yvette Scott Patterson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9731 NW 25 CT Sunrise FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 all other like empowered.			
SIGNATURE: <u>Yvette Scott Patterson</u>		Date: <u>4/25/03</u>	Daytime Phone #: <u>954-473-4420</u>

CR2E034 (1/02)