

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90169 033 ***150.00

DOCUMENT # P02000102159

1. Entity Name
KAPA CORP.



Principal Place of Business
**1057 SURREYWOOD LANE
LAKE MARY FL 32746**

Mailing Address
**1057 SURREYWOOD LANE
LAKE MARY FL 32746**

2. Principal Place of Business
2721 S. Woodland Blvd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
DELAND, FLORIDA

City & State

4. FEI Number
52-2380-847

Applied For
Not Applicable

Zip
32720

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILBERBUSCH, SUSAN M ESQ (same)
**601 INTERNATIONAL PARKWAY 5TH FLOOR
LAKE MARY FL 32746**

Name
SILBERBUSCH, SUSAN M. ESQ
Street Address (P.O. Box Number is Not Acceptable)
4044 W. LAKE MARY BLVD.
#104 - SUITE 428
City
LAKE MARY FL Zip Code
32746

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PCEO**
STREET ADDRESS **COFFMAN, KARRI L**
CITY-ST-ZIP **1057 SURREYWOOD LANE
LAKE MARY FL 32746**

TITLE ☒ Change ☐ Addition
NAME **PCEO**
STREET ADDRESS **COFFMAN, KARRI S.**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **SILVER, PATRICIA A**
CITY-ST-ZIP **1057 SURREYWOOD LANE
LAKE MARY FL 32746**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **KARRI L COFFMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 407-466-9433
Date Daytime Phone #

CR2E034 (10/02)