

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000102169

FILED
Apr 14, 2003
Secretary of State

Entity Name: KAPPLER CONSULTANTS, INC.

Current Principal Place of Business:

145 WEKIVA SPRINGS ROAD STE 187
LONGWOOD, FL 32779

New Principal Place of Business:

101 COVE LAKE DRIVE
LONGWOOD, FL 32779

Current Mailing Address:

145 WEKIVA SPRINGS ROAD STE 187
LONGWOOD, FL 32779

New Mailing Address:

101 COVE LAKE DRIVE
LONGWOOD, FL 32779

FEI Number: 55-0802203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KETTLES, COLLEEN
145 WEKIVA SPRINGS ROAD STE 187
LONGWOOD, FL 32779

Name and Address of New Registered Agent:

KETTLES, COLLEEN
101 COVE LAKE DRIVE
LONGWOOD, FL 32779

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.

SIGNATURE: COLLEEN KETTLES

04/14/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KAPPLER, CHARMAINE
Address: 3030 PUALEI CIRCLE #310
City-St-Zip: HONOLULU, HI 96815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KAPPLER, CHARMAINE
Address: 2056 MANOA ROAD
City-St-Zip: HONOLULU, HI 96822

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARMAINE KAPPLER

DP

04/14/2003

Electronic Signature of Signing Officer or Director

Date