

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

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

02-21-2003 90840 049 ***150.00

DOCUMENT # P02000105843

1. Entity Name
K & E PROPERTIES, INC.



Principal Place of Business
64 1/2 SHORELINE DRIVE
GULF BREEZE FL 32561

Mailing Address
64 1/2 SHORELINE DRIVE
GULF BREEZE FL 32561



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

010751884

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, EVERETT
64 1/2 SHORELINE DRIVE
GULF BREEZE FL 32561

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 *Everett Edwards*
Signature, typed or printed name of registered agent and title if applicable.

EVERETT EDWARDS

(NOTE: Registered Agent signature required when reinstating.)

2/10/03

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 PS ☐ Delete
NAME EDWARDS, EVERETT
STREET ADDRESS 64 1/2 SHORELINE DRIVE
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE P ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS SAME
CITY-ST-ZIP SAME

TITLE VT ☐ Delete
NAME EDWARDS, KAREN
STREET ADDRESS 64 1/2 SHORELINE DRIVE
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE VST ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS SAME
CITY-ST-ZIP SAME

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

KAREN EDWARDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

Date

850-934-6284

Daytime Phone #

CR2E034 (10/02)