## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P02000106713 **DOCUMENT #**

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

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1. Entity Name KC MANAGEMENT INC.								05-01-2003 90	0197 041	***150.0	00		
Principal Place of Business 5946 MARTIN LUTHER KING DRIVE JACKSONVILLE FL 32219			5946 M/	Mailing Address 5946 MARTIN LUTHER KING DRIVE JACKSONVILLE FL 32219					1 1 <b>06</b> 01001 AN 10800 AND 11800 BOAR	: 11 Hill Hill I	!  <b>   </b>	11 <b>111</b> (UN 1 <b>11</b> 1	
2. Principal Place of Business .			3. Mailin	3. Mailing Address									
Suite. Apt. #, etc.			Suite,	Suite, Apt. #, etc.					☐ CHECK HERE IF	- MAKING	CHANGES		
City & State			City & State				4. FEI Number 57-1135139					oplied For ot Applicable	
Zip		Country	Zip	Zip Cour					ertificate of Status Desired	٠ - ١	8.75 Add ee Require		
	6. Name	and Address of Curre	nt Registered	Agent				7. Na	ame and Address of New Re	gistered A	gent		_]
					J	Name							
Brown, Keith 5946 Martin Luther King Drive					ļ	Street A	ddress (P	P.O. Bo	x Number is Not Acceptable)				-
JACKSONVILLE FL 32219													
8. The above named entity submits this statement for the purpose of				a of abonaine its se	City				of as both in the State of Fine	FL	Zip Cod		-
the abligatio			tor the purpos	e or changing its re	gistere	a onice or	registere	eo ager	nt, or both, in the state of Fion	ua, ramia	imiliar with,	апо ассерт	
SIGNATURE	ignature, typed	or printed name of registered ag-	ent and title if applica	ble. (NOTE: F	Registered	Agent signat	ure required v	when rein	stating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									<ol><li>Election Campaign Fina Trust Fund Contribution.</li></ol>		<b>\$5.0</b> Added	May Be to Fees	
10.		OFFICERS AN	ID DIRECTORS	<del></del>	11.			ADD	OTTIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11	1
TITLE				Delete	TITLE		Chief		ating Officer		☐ Change	Addition	12
NAME				L3 001016	NAME							<u></u>	(10/02
STREET ADDRESS				T ADDRESS	6407	own, Carolyn 07 Hughes St.							
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NAME				_ 00.40	NAME		ĺ				<b>-</b>		
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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: \_

SIGNATURE AND TWED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date