2003 FOR PROFIT CORPORATIONS UNIFORM BUSINESS REPORT (UBR)



3/5

FILED Mar 24, 2003 8:00 am Secretary of State

1. Entity Nar		, INC.	0290				03-05-2003 900	72 033 :	***150.00	
Principal Place of Business Mailing Address 11307 114 TERR N APT A 11307 114 TERR N AP LARGO FL 33778 LARGO FL 33778				ГА			1 (881) 881 11 881) B (181) 681 1 881) 2 281 B (181)	: 11 5 16 55 11 5 11	T12 (2n) Bb(ISD	
2. Principal F	Place of Business	3. Maili	3. Mailing Address				TO COLUMN TO THE WORLD WITH SOUTH SOUTH SOUTH WAS THE SOUTH			
Suite, Apt	. #, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Sta	te	City 8	City & State			4.	4. FE Number 3877050 Applied Fo			
Zip	Zip Country		Zip		Country		Certificate of Status Desired	\$8.75 / Fee Requ		
	6. Name and Address of Curren	nt Registered	Agent	. <u></u>	_ <u></u>	7. (Name and Address of New Registered			┨^`
					Name			· 		7
KAY, RALPH'S JR					Street Address (P.O. Box Number is Not Acceptable)					
	4 TERR N'APT'A									+
LARGO F	L 33//6				City			Zip C	ode	-
•					City		<u> </u>	<u>- </u>		╛
	a named entity submits this statement tions of registered agent.	for the purpor	se of changing its r	registere	ed office or registe	ered ag	ent, or both, in the State of Florida. I am	famillar wit	h, and accept	ļ
SIGNATURE	Signature, typed or printed name of registered age	int and title if applic	able. (NOTE:	Registere	d Agent signature requir	ed when re	enstating) DATE			
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9Election Campaign Financing		:00 May Be	
10.	OFFICERS AN	D DIRECTOR		11.		AD	DITIONS/CHANGES TO OFFICERS AN] _
TITLE .	President		☐ Delete	TITLE				Change	Addition	18
NAME STREET ADDRESS CITY-ST-ZIP	Dalok S. Kaute				et address - St-Zip					CR2E034 (10/02)
TITLE	Vice President	1.7.0	☐ Delete	TITLE				☐ Change	: Addition	18
NAME STREET ADDRESS	Janet E. KAY 11307 11474 Terr. N.	ADT A			ET ADDRESS					
CITY-ST-ZIP	Largo, FL 33778			+	-S1-ZIP				——————————————————————————————————————	4
TITLE NAME			☐ Delete	TITLE NAME	3			Change	e Addilion	
STREET ADDRESS.					ST-ZIP	100				1=
CITY-ST-ZIP			☐ Delete	TITLE	 -		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	-
NAME			L De Cle	NAME						1
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	1
NAME STREET ADDRESS				NAME						1
STREET ADDRESS CITY+ST-ZIP					ET ADDRESS ST-ZIP					1
TITLE	,		☐ Delete	TITLE			 	☐ Change	Addition	1
NAME				NAME	1					
STREET ADDRESS					T ADDRESS ST-ZIP					
CITY-ST-ZIP				UIT.	nption stated in S					4

indicated on this report or supplied with this fill deciral 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 tribute 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: