

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90186 033 ***150.00

DOCUMENT # P14040

1. Entity Name
KILGORE GROUP, INC.

Principal Place of Business

**4700 FOREST DRIVE
 SUITE 202
 COLUMBIA SC 29202
 US**

Mailing Address

**P.O. BOX 8386
 COLUMBIA SC 29202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-0834351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ENGLEHART, DIANA
 3016 US HWY 301N
 SUITE 100
 TAMPA FL 33619**

7. Name and Address of New Registered Agent

Name **Diana Englehart**
 Street Address (P.O. Box Number is Not Acceptable)
4350 West Waters Avenue, Suite 203
 City **Tampa, FL** Zip Code **33614**

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.

SIGNATURE *Diana Englehart*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-02

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **MD** ☐ Delete
 NAME **SABO, ELIAS J**
 STREET ADDRESS **61 WILTON RD 2ND FLOOR**
 CITY-ST-ZIP **WESTPORT CT 06880**

TITLE **DS** ☐ Delete
 NAME **MASSOUD, JOSEPH I**
 STREET ADDRESS **61 WILTON RD 2ND FLOOR**
 CITY-ST-ZIP **WESTPORT CT 06880**

TITLE **V** ☐ Delete
 NAME **PEAGLER, PENNIE C**
 STREET ADDRESS **61 WILTON RD 2ND FLOOR**
 CITY-ST-ZIP **COLUMBIA SC 29206**

TITLE **P** ☐ Delete
 NAME **CARVER, CHRIS**
 STREET ADDRESS **4700 FOREST DR**
 CITY-ST-ZIP **COLUMBIA SC**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pennie C. Peagler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 803-782-9500
 Date Daytime Phone #

CR2E034 (9/01)