

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90065 001 \*\*\*300.00

**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

4. FEI Number

**57-0834351**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**ENGLEHART, DIANA  
4350 WEST WATERS AVENUE  
SUITE 203  
TAMPA FL 33614**

## 7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

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

## 11. 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  
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STREET ADDRESS  
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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: *PENNIE C. PEAGLER* 1/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

803-782-9500

CR2E034 (10/02)