

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

1/2

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-21-2003 90038 014 ***150.00

DOCUMENT # **P25852**

1. Entity Name
(FLORIDA) K & M OF FLORIDA, INC.



Principal Place of Business
**7700 ROSWELL ROAD
ATLANTA GA 30350
US**

Mailing Address
**7700 ROSWELL ROAD
ATLANTA G 30350
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1932640**

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

**DOMENICONE, PAT
2311 E. OCEAN BLVD
MELISSA ICE CREAM
STUART FL 34996**

Name **Michael Domenicone**
Street Address (P.O. Box Number is Not Acceptable)
**2311 S.E. Ocean Blvd
Melissa Ice Cream**
City **STUART** FL Zip **34996**

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

Michael Domenicone
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOMENICONE, PAT	
STREET ADDRESS	7700 ROSWELL RD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANE, MARGARET	
STREET ADDRESS	7700 ROSWELL RD	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Michael Domenicone	
STREET ADDRESS	7700 Roswell Road	
CITY-ST-ZIP	Atlanta, GA 30350	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 an other like empowered.

SIGNATURE:

Michael Domenicone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 770-804-3036
Date Daytime Phone #

CRP5034 (10/02)