

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90228 035 \*\*\*150.00

0660389 AB

**DOCUMENT # P92000004364**

1. Entity Name  
**KEPASE DEVELOPMENT COMPANY, INC.**



Principal Place of Business  
**3399 GULFSHORE BLVD NORTH  
APT. 307  
NAPLES FL 33904**

Mailing Address  
**14 NEW ROAD  
MADISON CT 06443  
US**



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 **65-0379274**

Applied For  
Not Applicable

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

**GARRITY, PAUL G  
3399 GULFSHORE BLVD NORTH  
APT. 307  
NAPLES FL 33904**

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 \_\_\_\_\_ (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

T ☐ Delete  
NAME **GARRITY JR., PAUL G.**  
STREET ADDRESS **3399 GULFSHORE BLVD NORTH**  
CITY-ST-ZIP **NAPLES FL 33904**

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

C ☐ Delete  
NAME **GARRITY SR., PAUL G.**  
STREET ADDRESS **72 WICKFORD PLACE**  
CITY-ST-ZIP **MADISON CT 06443**

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

T ☐ Delete  
NAME **SEAN R GARRITY**  
STREET ADDRESS **40 NEPTUNE DR**  
CITY-ST-ZIP **MADISON CT**

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

P ☐ Delete  
NAME **GARRITY, KEVIN S.**  
STREET ADDRESS **72 WICKFORD PLACE**  
CITY-ST-ZIP **MADISON CT 06443**

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

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/10/03 (203) 245 83-83**

CR2E034 (10/02)