## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # P93000047174** 1. Entity Name KONE-HEDZ, INC. 4-27-2001 90331 048 \*\*\*150.00 Principal Place of Business Mailing Address 2330 N WICKHAM RD 2330 N WICKCHAM RD #16 MELBOURNE FL 32935 MELBOURNE FL 32935 US LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3193224 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUNKEL, GARY M Address Street Address (P.O. Box Number is Not free Ablokic, P.A. 500 SOUTH AUSTRALIAN AVENUE South Flagler Dr. Suite 300 East 10TH FLOOR WEST PALM BEACH FL 33402-4388 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition DUNKEL, RICHARD NAME NAME 2330 N WICKHAM RD STREET ADDRESS STREET ADDRESS MELBOURNE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE DUNKEL, TRINA NAME 2330 N WICKHAM RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL City-St-ZIP ☐ Change Addition TITLE **X** Delete DUNKEL, LAWRENCE NAME 1371 SILVER LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CiTY-ST-ZIP Change Addition TITLE .... Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachry er like empowered.