FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 91007 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080975

1. Entity Name
K & J MARKETING CONCEPTS, INC.

Principal Place of Business
19 CEDAR DUNES
NEW SMYRNA BEACH, FL 32169 US

Mailing Address
PO BOX 1443
NEW SMYRNA BEACH, FL 32170 US

2. Principal Place of Business: 19 Cedar Dunes
Suite, Apt. #, etc.:
City & State: New Smyrna Beach, Fl
Zip: 32169 Country: Valusia

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3213895 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HALL, MARK R
415 CANAL ST
NEW SMYRNA BEACH, FL 32169

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] APR 29, 2003
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	DVP	☐ Delete
NAME	ZACHA, JAMES A C.L.U.	
STREET ADDRESS	329 SWEET BAY AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL	
TITLE	DP	☐ Delete
NAME	CASINGER, KRISTI Z	
STREET ADDRESS	19 CEDAR DUNES DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL	
TITLE	VP	☐ Delete
NAME	CASINGER, MARK A	
STREET ADDRESS	19 CEDAR DUNES	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] VP APR 29, 2003 386-424-9960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #