

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90043 017 ***150.00

DOCUMENT # P94000046836

1. Entity Name

KTi, INC.

Principal Place of Business

5 HEMLOCK CIRCLE TRACK
 OCALA FL 34472
 US

Mailing Address

PO BOX 831893
 OCALA FL 34483
 US

00001080

2. Principal Place of Business

2606 Cyprus Drive

Suite, Apt. #, etc.

3. Mailing Address

PO Box 956

Suite, Apt. #, etc.

City & State

Palm Harbor FL

City & State

Palm Harbor FL

Zip

34684

Country

USA

Zip

34682

Country

USA

4. FEI Number

59-3252265

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KODILLA, JAMES E

5 HEMLOCK CIRCLE TRACK

OCALA FL 34472

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2606 Cyprus Drive

City Palm Harbor

FL

Zip Code

34684

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
 NAME KODILLA, JAMES E
 STREET ADDRESS 5 HEMLOCK CIRCLE TRACK
 CITY-ST-ZIP OCALA FL 34472

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2606 Cyprus Drive
 CITY-ST-ZIP Palm Harbor FL 34684

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Kodilla

4/20/02 904 631 3892

Date

Daytime Phone #

CR2E034 (9/01)