2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000050141

1. Entity Name

KAYDEECO, INC.



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

02-17-2003 90253 049 ***150.00

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INC. LEW CO.
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Principal Place of Business 6551 N.W. FIRST COURT MARGATE FL 33063			6551	Mailing Address 6551 N.W. FIRST COURT MARGATE FL 33063								
2. Principal Place of Business 3. Mailing Address 2 241 NW 443						ST. AVE.				li dalil bbiol di	ill 5310 1 11 0 11 0	
Suite, Apt.	#, etc.		N//	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	e		Coc	COCONUT CREET			7	4. F	65-0498222			oplied For ot Applicable
Zip -		Country	- 330		Coun	iry . 24	a = . =	· -	Certificate of Status Desired	F	8.75 Add	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
- HYATT; ST	TEVEN W:~	_ =				THE REAL PROPERTY OF THE PERSON OF THE PERSO						
•		ETAL-NATIONS BANK	TOWER	Street Address (ddress (F	P.O. B	ox Number is Not Acceptable	·)		
		17TH FLOOR	. 10111									
MIAMI FL	, ,	.,,,,,,,					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												
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	r printed name of registered ager	nt and title it app	icable. (NOTE	:: Hegistere	a Agent signat	ure required	wnen re	rinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Fir Trust Fund Contributio			May Be I to Fees
10.		OFFICERS AN	O DIRECTO	DIRECTORS 11.				AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	\$ IN 11
TILE	PD			Delete	TITLE		P.D.	•			Change	☐ Addition
HAME	CURTIS, D				NAM		CU.	RT	N.W. 41ST.	AVE		
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TITLE	STD			Delete	TITLE							Addition
NAME	CURTIS, KA	ATHLEEN			NAM		22	IR	TIS, KATK INW. 41ST REATE, FL	KEEN	7	
STREET ADDRESS	6551 N.W. FIRST COURT					ET ADDRESS 224		4	1 N.W. 415T	AV	5,	
CITY-ST-ZIP	MARGATE	FL 33063		****	_	-ST-ZIP	M	AR	GATE, FL	3:		
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NAME STREET ADDRESS_!						e <u>t</u> address <u>.</u>						
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NAME					NAM							
STREET ADDRESS . CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
	entify that the	information supplied wi	th this filing	does not qualify for			l ted in Se	ction 1	119.07(3)(i), Florida Statutes.	I further certi	fy that the ii	nformation
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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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Daytime Phone #