

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91785 006 ***150.00

0015276 AV

DOCUMENT # P94000075133

1. Entity Name

KANDT KONNECTION GOLF, INC.



Principal Place of Business

3281 SPRUCE CREEK GLEN
DAYTONA BEACH FL 32124
US

Mailing Address

3281 SPRUCE CREEK GLEN
DAYTONA BEACH FL 32124
US

2. Principal Place of Business

874 CHICKADEE DR.

Suite, Apt. #, etc.

3. Mailing Address

874 CHICKADEE DR.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Port Orange, Florida

Zip Country
32127 USA

City & State
Port Orange, Florida

Zip Country
32127 USA

4. FEI Number
59-3276743

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KANDT, LUANN
3281 SPRUCE CREEK GLEN
DAYTONA BEACH FL 32124

7. Name and Address of New Registered Agent

Name
KANDT, LUANN

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

874 CHICKADEE DRIVE

City State Zip Code
Port Orange FL 32127

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

TITLE NAME
PVPT KANDT, LUANN
STREET ADDRESS
3281 SPRUCE CREEK GLEN
CITY-ST-ZIP
DAYTONA BEACH FL 32124 ☐ Delete

TITLE NAME
S KANDT, LUANN
STREET ADDRESS
3281 SPRUCE CREEK GLEN
CITY-ST-ZIP
DAYTONA BEACH FL 32124 ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
874 CHICKADEE DRIVE
STREET ADDRESS
Port Orange, Florida 32127 ☐ Change ☐ Addition

TITLE NAME
874 CHICKADEE DRIVE
STREET ADDRESS
Port Orange, FL 32127 ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 OF KANDT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03 1-386-761-3471
Date Daytime Phone #

CR2E034 (10/02)