

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P94000075133**

1. Entity Name

KANDT KONNECTION GOLF, INC.



FILED

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

05-05-2003 91785 006 ***150.00

005276
AV

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.

City & State

Port Orange, Florida

City & State

Port Orange, Florida

Zip

32127

Country

USA

Zip

32127

Country

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, LU ANN

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

874 CHICKADEE DRIVE

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVPT
KANDT, LUANN
3281 SPRUCE CREEK GLEN
DAYTONA BEACH FL 32124

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

874 CHICKADEE DRIVE
Port Orange, Florida 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
KANDT, LUANN
3281 SPRUCE CREEK GLEN
DAYTONA BEACH FL 32124

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

874 CHICKADEE Drive
Port Orange, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03 1-386-761-3471

Daytime Phone #

CR2E034 (10/02)