10/3/2002-90051-017-$150.00-$150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 28 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

678935

DOCUMENT # P94000079232

1. Entity Name

KMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1401 SW 69th Ave	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, FL	City & State
Zip: 33317 Country: USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0547117 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Dean, Kenneth A

Street Address (P.O. Box Number is Not Acceptable): 1401 SW 69th Ave

City: Plantation FL Zip Code: 33317

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.

400008604664
10/28/02--01021--010 **400.00

SIGNATURE: _____ DATE: _____
Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Pres
NAME	Dean, Trudi J
STREET ADDRESS	1401 SW 69th Ave
CITY-ST-ZIP	Plantation, FL 33317
TITLE	S,T
NAME	Dean, Kenneth
STREET ADDRESS	1401 SW 69th Ave
CITY-ST-ZIP	Plantation, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

10/31

CR2E345 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Trudi J Dean 9/27/02 954-5876014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #