

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90184 025 \*\*\*150.00

**DOCUMENT # P94000083411**

1. Entity Name  
**JAMES & KAY, INC.**

Principal Place of Business

Mailing Address

**869 E SEMORAN BLVD  
 CASSELBERRY FL 32707  
 US**

**1191 FREEDOM LANE  
 WINTER SPRINGS FL 32708  
 US**

B0080776



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**702 BOYSENBERRY CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**WINTER SPRINGS**

4. FEI Number

**59-3288797**

Applied For

Not Applicable

Zip

Country

Zip  
**FL 32708**

Country  
**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIRD, MICHAEL  
 869 E SEMORAN BLVD  
 CASSELBERRY FL 32707**

Name

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

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BIRD, MICHAEL J	1191 FREEDOM LANE	WINTER SPRINGS FL	<input type="checkbox"/>
ST	BIRD, HILARY K	1191 FREEDOM LANE	WINTER SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		702 BOYSENBERRY CT	WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		702 BOYSENBERRY CT	WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: MICHAEL BIRD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-02 (407) 331 7747  
Date Daytime Phone #

CR2E034 (9/01)