

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90105 024 \*\*\*150.00

DOCUMENT # P94000092196

1. Entity Name  
K & A ENTERPRISES, INC.



Principal Place of Business  
1483 SOUTHWEST 18 TERRACE  
FORT LAUDERDALE FL 33312

Mailing Address  
1483 SOUTHWEST 18 TERRACE  
FORT LAUDERDALE FL 33312



2. Principal Place of Business  
1926 S.W. 50<sup>th</sup> TERRACE  
Suite, Apt. #, etc.

3. Mailing Address  
1926 S.W. 50<sup>th</sup> TERRACE  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
CAPE CORAL, FL  
Zip  
33914  
Country  
LEE

City & State  
CAPE CORAL, FL  
Zip  
33914  
Country  
LEE

4. FEI Number 65-0540667

Applied For  
Not Applicable

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

MORGAN, KENNETH F  
~~2483 SW 18TH TERR~~ 1926 S.W. 50<sup>th</sup> TERRACE  
~~FT LAUDERDALE FL 33312~~ CAPE CORAL, FL 33914

Name  
KENNETH F. MORGAN  
Street Address (P.O. Box Number is Not Acceptable)  
1926 S.W. 50<sup>th</sup> TERRACE  
City  
CAPE CORAL FL Zip Code  
33914

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]* (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	P MORGAN, KENNETH F 1483 S.W. 18TH TERR. FT LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, KENNETH F. 1926 S.W. 50 <sup>th</sup> TERRACE CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)