

# 2001 UNIFORM BUSINESS REPORT (UBR)

108

DOCUMENT # **PA1500000011670**  
 1. Entity Name

FILED

01 OCT 16 PM 6:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business: **9401 W. Colonial Dr**  
**Ocoee FL 34761**  
 Mailing Address: **same**

2. Principal Place of Business: **Ocoee, Westcoast Mall**  
 Suite, Apt. #, etc.: **254 #**  
 City & State: **Ocoee, FL**  
 Zip: **34761** Country: **USA**  
 3. Mailing Address: **9401 W. Colonial Dr**  
 Suite, Apt. #, etc.: **254**  
 City & State: **Ocoee, FL**  
 Zip: **34761** Country: **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number:   
 Applied For:    
 Not Applicable:    
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Joe Royal**  
**630 Chensbridge Dr**  
**Lake Mary FL 32746**

7. Name and Address of New Registered Agent  
 Name:    
 Street Address (P.O. Box Number is Not Acceptable): **900004659769--7**  
 City: **FL** Zip Code: **32746**  
 -10/30/01--01088--022  
 \*\*\*\*150.00

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: Joe Royal  
 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, 2001 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	
TITLE: <b>Joe Royal President</b> <input type="checkbox"/> Delete	
NAME: <b>Joe Royal</b>	
STREET ADDRESS: <b>630 Chensbridge Dr</b>	
CITY-ST-ZIP: <b>Lake Mary FL 32746</b>	
TITLE: _____ <input type="checkbox"/> Delete	
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete	
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete	
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete	
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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: Joe Royal Date: 9-27-01 Daytime Phone #: 407 2924211  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

mw

2062

9-4-01

To whom it may concern.

I, Joe Bayal, President of Kayak  
Associates Inc, never receive the  
Form for renewal, so therefore I  
Call, and been told to send  
\$150.00 + sign document.

Address is

630 Chensbridge Dr

LaRe Mary Pl 32746