

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90281 031 \*\*\*150.00

**DOCUMENT # P95000014166**

1. Entity Name  
**KRE ENTERPRISES, INC.**

Principal Place of Business  
**4411 U.S. HIGHWAY 92 EAST  
 LAKELAND FL 33801**

Mailing Address  
**P.O. BOX 1684  
 AUBURNDALE FL 33823**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4335 U.S. HIGHWAY 92E**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**LAKELAND FL**

City & State

4. FEI Number **59-3329101**

Applied For  
 Not Applicable

Zip **33801** Country **U.S.**

Zip Country

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

**JACKSON, ROBERT P  
 4411 U.S. HIGHWAY 92 EAST  
 LAKELAND FL 33801**

Name **ROBERT P. JACKSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**516 SHALISA BLVD**  
 City **AUBURNDALE FL** Zip Code **33823**

*Change Address Only*

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 *Robert P. Jackson* **ROBERT P. JACKSON** DATE **4/22/02**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON, ROBERT P</b>	
STREET ADDRESS	<b>516 SHALISA BLVD.</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON, WANDA K</b>	
STREET ADDRESS	<b>516 SHALISA BLVD.</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Wanda K. Jackson* **WANDA K. JACKSON** DATE **4/22/02** DAYTIME PHONE # **(863) 297-7756**

007479

CR2E034 (9/01)