

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023783

1. Entity Name

KPS.SERVICE COMPANY, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90064 049 ***158.75

Principal Place of Business 2177 KINGSLEY AVE. #27 ORANGE PK FL 32073 US	Mailing Address 2177 KINGSLEY AVE. #27 ORANGE PK FL 32073-5132 US
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2. Principal Place of Business 10503-2 San Jose Blvd. Suite, Apt. #, etc.	3. Mailing Address 10503-2 San Jose Blvd. Suite, Apt. #, etc.
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City & State Jacksonville, FL Zip 32257 Country	City & State Jacksonville, FL Zip 32257 Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3302744	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SMOAK, JAMES M JR.
2177 KINGSLEY AVENUE SUITE 27
ORANGE PK FL 32073

7. Name and Address of New Registered Agent
Name
James M. Smoak, Jr.
Street Address (P.O. Box Number is Not Acceptable)
10503-2 San Jose Blvd.
City
Jacksonville
FL
Zip Code
32257

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] DATE 4/17/00
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMOAK, JAMES M JR. 2177 KINGSLEY AVE. #27 ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENNETT, LAWRENCE 315 HURBERT ST- PORT ORANGE FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMOAK, LINDA D 2177 KINGSLEY AVE. #27 ORANGE PARK FL 32073	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JAMES M. SMOAK, JR. 10503-2 San Jose Blvd. Jacksonville, FL 32257	<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	ST LINDA D. SMOAK 10503-2 San Jose Blvd. Jacksonville, FL 32257	<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

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: Linda D. Smoak **REQUIRED** 4/17/00 904-880-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/99