

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90094 022 ***150.00

DOCUMENT # P95000024408

1. Entity Name
KAPPY KING COLE, INC.



Principal Place of Business
**12719 MCGREGOR BLVD.
FORT MYERS FL 33919**

Mailing Address
**12719 MCGREGOR BLVD.
FORT MYERS FL 33919**

Please change address to

2. Principal Place of Business
9280 College Pkwy

3. Mailing Address
9280 College Pkwy

Suite, Apt. #, etc.
4

Suite, Apt. #, etc.
4

City & State
ft. Myers, Fla

City & State
ft Myers, Fla

Zip Country
33919 USA

Zip Country
33919 USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0572385** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COLE, MARY K
5911 TROPICAL DR
FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mary K Cole* **3-25-03**
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	P	<input type="checkbox"/> Delete
NAME	COLE, MARY K	
STREET ADDRESS	5911 TROPICAL	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KOEHAHE, CARRIE L	
STREET ADDRESS	1308 BRADFORD RD	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	V	<input type="checkbox"/> Delete
NAME	CANTIENY, CHARLES B	
STREET ADDRESS	1214 SOUTHWEST 9TH COURT	
CITY-ST-ZIP	CAPE CORAL FL 33991	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	address change	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	# 8 Georgetown	
STREET ADDRESS	ft Myers fl 33919	
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		

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 REQUIRED Pres 3-25-03 239 481 6113*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)