## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 24, 2002 8:00 am Secretary of State **DOCUMENT #** P95000031401 1. Entity Name 04-24-2002 90489 023 \*\*\*150.00 K.M. WILLETT CONSULTING, INC. Mailing Address Principal Place of Business 1209 VICKERS LAKE DR 1209 VICKERS LAKE DR OCOEE FL 34761 OCOEE FL 34761 3. Mailing Address 2. Principal Place of Business 201 W. HWY 431 7109 YACHT BASIN AVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. # 420 Applied For 4. FEI Number City & State City & State 59-3309251 SPRINGS Not Applicable ALTAMONTE \$8.75 Additional 5. Certificate of Status Desired ÚSA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLETT, K. MICHAEL Street Address (P.O. Box Number is Not Acceptable) BASIN YACHT 1209 VICKERS LAKE DR **OCOEE FL 34761** City OR LANDO 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change Addition TITLE ☐ Delete TITLE PD NAME 7109 YACHT BASIN AVE#420 WILLETT, K. MICHAEL NAME STREET ADDRESS 1209 VICKERS LAKE DR STREET ADDRESS A. 32835 CITY-ST-ZIP OCOEE FL 34761 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.