

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90144 018 \*\*\*150.00

**DOCUMENT # P95000031401**



1. Entity Name  
**K.M. WILLETT CONSULTING, INC.**

Principal Place of Business  
**7109 YACHT BASIN AVE  
#420  
ORLANDO FL 32835**

Mailing Address  
**201 W HWY 436  
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business  
**607 SPRING LAKE CIRCLE**

3. Mailing Address  
**607 SPRING LAKE CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**OCOOEE, FL.**

City & State  
**OCOOEE, FL.**

4. FEI Number **59-3309251**

Applied For  
 Not Applicable

Zip **34761** Country **US**

Zip **US** Country **US**

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

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WILLETT, K. MICHAEL  
7109 YACHT BASIN AVE #420  
ORLANDO FL 32835**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**607 SPRING LAKE CIRCLE**  
City **OCOOEE** FL Zip Code **34761**

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 *K. Michael Willett* **K. MICHAEL WILLETT** 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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	<b>WILLETT, K. MICHAEL</b>	<b>7109 YACHT BASIN AVE #420</b>	<b>ORLANDO FL 32835</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>607 SPRING LAKE CIRCLE</b>	<b>OCOOEE, FL. 34761</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *K. Michael Willett* **K. MICHAEL WILLETT** 3/25/03 407 862-8646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)