2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000032346 **DOCUMENT #**

1. Entity Name
KRISTEN LAKE PROPERTIES, INC.

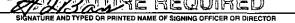
Principal Place of Business 5800 S ORANGE BLOSSOM TRAIL DAVENPORT FL 33837 US			Mailing Address 6900 S ORANGE BLOSSOM TRAIL DAVENPORT FL 33837 US									
2. Principal I	Place of Busin	ess	3. Mailing Address					1 10 2 11001 110 15101 0111 00112 00111 00111		'N [1 460 tillt Mi	IBIO DIN 1881	
Suite, Apt	. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. F	4. FEI Number 59-3384177 Applied For Not Applicate				
Zip Country			Zip	Zip Country			5. (5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
6. Name and Address of Current R				egistered Agent			7. Name and Address of New Registered Agent					
	~	and the second second second second		= -		Name -						
BASS, QUINTON								*				
6800 S OF	RANGE BLOS	SSOM TRAIL		Street Addres			ess (P.O. B	s (P.O. Box Number is Not Acceptable)				
	RT FL 33837							<u> </u>				
Or III O	, , , , , , , , , , , , , , , , , ,											
						City			FL	Zip Code	e	
	tions of registe					Agent signature re		ent, or both, in the State of Florida.	DATE ,		and accept	
Afte Make Checl	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	<u> </u>					9. Election Campaign Financi Trust Fund Contribution.		Added	May Be to Fees	
10.	bn	OFFICERS AND D	DIRECTOR		11.		AD	DITIONS/CHANGES TO OFFICER	_			
	PD Bass, Quin 6800s ora Davenpor	NGE BLOSSOM TRAIL	,	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	vstd Bass, trac 6800 s or/ Davenpor	ANGE BLOSSOM TRAIL		☐ Delete						Change	☐ Addition	
FITLE			•	Delete	LTITLE					Change	Addition	
NAME					NAME							
STREET ADDRESS					STREE	ET ADDRESS						
CITY-ST-ZIP					CITY-	ST-ZIP					ĺ	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE					Change	Addition	
CITY-ST-ZIP						ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delete						☐ Change	Addition	
TITLE NAME				☐ Delete	TITLE					Change	Addition	

STREET ADDRESS

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:

STREET ADDRESS CITY-ST-ZIP



4-17-03

407-847-5425

FILED

Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90035 037 ***150.00