

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90160 023 ***558.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000055096

1. Entity Name
KILKENNY DALE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**22718 EAST CR 1474
 HAWTHORNE FL 32640
 US**

**22718 EAST CR 1474
 HAWTHORNE FL 32640
 US**

2. Principal Place of Business

21327 NW. 58th PLACE

3. Mailing Address

21327 NW. 58th PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NEWBERRY, FL

City & State
NEWBERRY, FL

4. FEI Number
59-3324920

Applied For
 Not Applicable

Zip
32669

Country
ALACHUA

Zip
32669

Country
ALACHUA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RASPET, MARY D
 22718 EAST CR 1474
 HAWTHORNE FL 32640**

Name **RASPET, MARY D**
 Street Address (P.O. Box Number is Not Acceptable)
21327 NW. 58th PLACE
 City **NEWBERRY** FL Zip Code **32669**

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 Delaney Raspet Pres/Sec **MARY DELANEY RASPET** 9/8/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	RASPET, MARY D	22718 EAST CR 1474	HAWTHORNE FL 32640	<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 type="checkbox"/> Change	<input type="checkbox"/> Addition
P/STD	RASPET, MARY D	21327 NW. 58 th PLACE	NEWBERRY, FL 32669	<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"/>	<input type="checkbox"/>

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: Mary Delaney Raspet **MARY DELANEY RASPET Pres/Sec** 9/8/02 (352) 474-7694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)