

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90069 043 ***150.00

DOCUMENT # **P950000089531**

1. Entity Name

K2 DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5021 W. Laurel Street

3. Mailing Address

5021 W. Laurel Street

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

City & State

Tampa, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3364284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Stephen B. Kelly

Street Address (P.O. Box Number is Not Acceptable)

5021 W. Laurel Street

Suite 200

City

Tampa

FL

Zip Code

33607-3816

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

18 April 2002

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **D**
NAME **Stephen B. Kelly**
STREET ADDRESS **5021 W. Laurel St., Suite 200**
CITY-ST-ZIP **Tampa, FL 33607-3816**

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen B. Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 495-7675
18 April 2002

CR2E034B (12/01)