

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90033 035 \*\*\*150.00

**DOCUMENT #** P95000092240  
 1. Entity Name  
 KDOP Inc

Principal Place of Business Mailing Address  
 910 Whitetail Circle PO Box 602  
 Osteen FL 32764 Osteen FL 32764--0602

2. Principal Place of Business 3. Mailing Address  
 710 Whitetail Circle  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number Applied For  
 59-3344594 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE 44166

6. Name and Address of Current Registered Agent  
 Watson, Patsy C  
 PO Box 602  
 Osteen FL 32764-0602

7. Name and Address of New Registered Agent  
 Street Address (P.O. Box Number is Not Acceptable)  
 710 WHITE TAIL CIRCLE  
 City OSTEEN FL 32764

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE NAME	President <input type="checkbox"/> Delete
STREET ADDRESS	Watson, Patsy C
CITY-ST-ZIP	710 Whitetail Circle
	Osteen FL 32764-0602 <input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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 IAs empowered.

SIGNATURE: Patsy C Watson *Patsy C Watson* 407.323.3318  
 Mar 13, 2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)