


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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90108 040 ***150.00

DOCUMENT # P96000017213

1. Entity Name
KG Properties of S.W. Florida Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17953 San Carlos Blvd.

3. Mailing Address
PO. Box 6926

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft Myers Beach, Florida

City & State
Ft. Myers

4. FEI Number
65-0645313

Applied For
☐ Not Applicable

Zip
33931

Country
Lee

Zip
33911

Country
Lee

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Steven Dominic

Street Address (P.O. Box Number is Not Acceptable)
17953 San Carlos Blvd.

City
Ft Myers Beach

State
FL

Zip Code
33931

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:  DATE: **4/10/03**

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE President	NAME Steven Dominic	TITLE	NAME
STREET ADDRESS 17953 San Carlos Blvd	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Ft Myers Beach, Florida 33931	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE Vice President	NAME Kimberly Dominic	TITLE	NAME
STREET ADDRESS 17953 San Carlos Blvd	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Ft Myers Beach, FL 33931	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4/10/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)