

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91595 042 \*\*\*150.00

DOCUMENT # **P 96 0000 172.87.(9)**

1. Entity Name  
**KEJESS, INC.**

Principal Place of Business  
**4868 LAKE RIDGE Rd**  
**Orlando FL 32808**

Mailing Address  
**4868 Lake Ridge Rd**  
**Orlando FL 32808**

**552309**

2. Principal Place of Business  
**2847 Shadow View Circle**

3. Mailing Address  
**2847 Shadow View Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Maitland Florida**

City & State  
**Maitland Florida**

4. FEI Number  
**59-3416493**

Applied For  
 Not Applicable

Zip Country  
**32751 U.S.A.**

Zip Country  
**32751 U.S.A.**

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

**DORINE BARRETT**  
**2847 SHADOW VIEW CIRCLE**  
**MAITLAND FLORIDA 32751**

Name

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

City

**FL**

Zip Code

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 **Dorine Barrett**

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

(NOTE: Registered Agent signature required when reinstating)

**4/27/01**  
 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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **"V"** ☐ Delete  
 NAME **DORINE BARRETT**  
 STREET ADDRESS **2847 SHADOW VIEW CIRCLE**  
 CITY-ST-ZIP **MAITLAND FLORIDA 32751**  
**VICE - PRESIDENT (Title) / General Manager**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **"V"** ☐ Delete  
 NAME **KEVIN L. BARRETT**  
 STREET ADDRESS **2847 SHADOW VIEW CIRCLE**  
 CITY-ST-ZIP **MAITLAND FLORIDA 32751**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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CR2E034 (11/00)

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: **Dorine Barrett**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/01**  
 Date

Daytime Phone #