2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P96000050354 K AND D ENTERPRISES OF THE PALM BEACHES, INC. 4-19-2001 90021 008 ***150.00 Principal Place of Business Mailing Address 218-C WENONAH PLACE P.O. BOX 2409 WEST PALM BEACH FL 33405 KEY WEST FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. - 😜 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0674997 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WITKOWSKI, RONALD Street Address (P.O. Box Number is Not Acceptable) 6177 JOG ROAD - SUITE D5 LAKEWORTH FL 33467 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 3R2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition HURST, DONALD G NAME NAME STREET ADDRESS 14247 SOLDIER ROAD STREET ADDRESS CITY-ST-7IP **CHARLOTTE NC 28278** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME HURST, KETRA D NAME STREET ADDRESS PO. BOX 2409 STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33045 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR