

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91795 036 ***150.00

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DOCUMENT # P96000054025

1. Entity Name
KIVA, INC.



Principal Place of Business
**9130 CORSEA DEL FONTANA
NAPLES FL 34109
US**

Mailing Address
**9130 CORSEA DEL FONTANA
NAPLES FL 34109
US**



2. Principal Place of Business

9130 CORSEA DEL FONTANA WAY
Suite, Apt. #, etc.

3. Mailing Address

9130 CORSEA DEL FONTANA WAY
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0686741

Applied For

Not Applicable

Zip

34109

Country

US

Zip

34109

Country

US

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

**D'JAMOOS, JOSEPH E
9130 CORSEA DEL FONTANA
NAPLES FL 34109**

Name

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

9130 CORSEA DEL FONTANA WAY

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JOSEPH E. D'JAMOOS 4-30-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **D'JAMOOS, JOSEPH E**
STREET ADDRESS **9130 CORSEA DEL FONTANA WAY**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT / Treasurer** ☐ Change ☒ Addition
NAME **ELIZABETH A. D'JAMOOS**
STREET ADDRESS **9130 CORSEA DEL FONTANA WAY**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **ANDREW D'JAMOOS**
STREET ADDRESS **9130 CORSEA DEL FONTANA WAY**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

Daytime Phone #

CR2E034 (10/02)