2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000065577 **DOCUMENT #**

1. Entity Name



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90371 030 ***150.00

KIMCO MANAGEMENT CORP.											
Principal Place of Business 6675 WINDOVER WAY TITUSVILLE FL 32780 US		Mailing Address 6675 WINDOVER WAY TITUSVILLE FL 32780 US									
2. Principal Place of Business		3. Mailing Address					IAT BOARB DAR	EL CHOT DINH LO	IIII (601 180)		
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF I	MAKING	CHANGES		
City & State		City	City & State				FEI Number 59-3397-111	-		plied For at Applicable	-
Zip	Country		Zip · Cour		гу	5. Certificate of Status Desired S8.75 Additional Fee Required				1	
	6. Name and Address of Currer	Registered Agent				7.	Name and Address of New Regi	stered A	gent]
					Name						
inman, da	AVID R			-	Street Address (P.O. Box Number is Not Acceptable)						┪
6675 WIND	OOVER WAY				Street Address	(r.O. L	BOX Number is Not Acceptable)				
TITUSVILLE	E FL 32780										
					City		1111110	FL	Zip Code	e	1
	named entity submits this statement ions of registered agent.	for the purp	ose of changing its req	gistere	d office or registe	ered ag	gent, or both, in the State of Florida	a. I am fa	ımiliar with,	and accept]
SIGNATURE .											
0,0,0,0,0,0	Signature, typed or printed name of registered age	nt and title if app	licable. (NOTE: Re	egistered	Agent signature require	ed when r	reinstating)	DATE			
F	ILE NOW!!! FEE IS \$150.00						9. Election Campaign Finance	nina	¢E O	n	
	r May 1, 2003 Fee will be \$550.00						Trust Fund Contribution.	g 		0 May Be I to Fees	
Make Check	Payable to Florida Department	of State									
10.	OFFICERS AN	D DIRECTO		11.		ΑE	DDITIONS/CHANGES TO OFFICE	RS AND			ءِ إ
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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: