2001 UNIFORM BUSINESS REPORT (UBR)

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

Feb 20, 2001 8:00 am DOCUMENT # P96000078103 **Secretary of State** KTA MANAGEMENT, INC. 02-20-2001 90059 036 ***150.00 Principal Place of Business Mailing Address 617 PALMETTO AVE 617 PALMETTO AVE MELBOURNE FL 32901 MELBOURNE FL 32901 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 59-3407586 Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent DETTMER, DALE A Street Address (P.O. Box Number is Not Acceptable) 304 S. HARBOR CITY BLVD STE 201 MELBOURNE FL 32901 City 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. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KESSINGER, M.A. NAME STREET ADDRESS STREET ADDRESS 4 INWOOD WAY CITY-ST-ZIP CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937 TITLE DST ☐ Delete ☐ Change [] Addition TITLE MICHAEL TERRY NAME NAME STREET ADDRESS 380 FRANKLYN AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIANLANTIC FL 32903 Addition_ TITLE _ Delete ---TITLE ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change ☐ Addition 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