

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90182 019 \*\*\*150.00

DOCUMENT # P9600009671-7  
1. Entity Name



Kim + Mark Team Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1564 S.E. Ballantrae Ct.  
Suite, Apt. #, etc.

3. Mailing Address  
1564 S.E. Ballantrae Ct.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Port St. Lucie, Fla.

City & State  
Port St. Lucie, Fla.

4. FEI Number  
65-0705682

Applied For  
 Not Applicable

Zip Country  
34952 St. Lucie

Zip Country  
34952 St. Lucie

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Frank M. Kenny

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

1564 S.E. Ballantrae Ct.

City  
Port St. Lucie

FL

Zip Code  
34952

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: Frank M. Kenny, Frank M. Kenny President  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Frank M. Kenny 1564 S.E. Ballantrae Ct. Port St. Lucie, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Kimberly J. Kenny 1564 S.E. Ballantrae Ct. Port St. Lucie, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Kimberly J. Kenny 1564 S.E. Ballantrae Ct. Port St. Lucie, FL 34952
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Frank M. Kenny, Frank M. Kenny President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)