
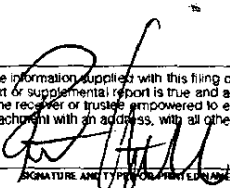


FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90231 004 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| | | | | | |
|---|-------------------------------|---|--|---|--|
| DOCUMENT # P97000004437 | | | |  | |
| 1. Entity Name KRESLEY COLE & CO., INC. | | | | | |
| Principal Place of Business 12860 LAKE SAWYER LANE WINDERMERE, FL 34786 US | | | Mailing Address 12860 LAKE SAWYER LANE WINDERMERE, FL 34786 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3417623 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SIVYER, NEAL A 220 SOUTH FRANKLIN STREET TAMPA, FL 33602 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)</small> | | | | | |
| DATE _____ | | | | | |
| FILE NOW WITH FEE IS \$150.00 After May 13, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | PT | <input type="checkbox"/> Delete | | | |
| NAME | KJELLANDER, RICHARD | | | | |
| STREET ADDRESS | 12860 LAKE SAWYER LANE | | | | |
| CITY-ST-ZIP | WINDERMERE, FL 34786 | | | | |
| TITLE | VS | <input type="checkbox"/> Delete | | | |
| NAME | KJELLANDER, KRESLEY | | | | |
| STREET ADDRESS | 12860 LAKE SAWYER LANE | | | | |
| CITY-ST-ZIP | WINDERMERE, FL 34786 | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:  RICHARD KJELLANDER 5/12/03 4079055488 | | | | | |
| SIGNATURE AND TITLE OF AUTHORIZED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

80120347



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Attachment #

May 13, 2002

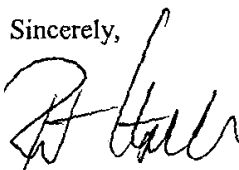
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

- 80120347
P97000004437

To Whom it May Concern:

We have not yet received the paperwork to file the UBR for this year and when I called I was instructed to put this into a letter and download a form from the website. Please check to make sure our mailing address is correct in your records so that we will get any mailings/forms that you send out. Please contact me at the number below if we need to submit anything else. Thank you.

Sincerely,



Richard Kjellander

12860 Lake Sawyer Lane
Windermere, FL 34786
(407) 905-5488