

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

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90970 009 \*\*\*150.00

DOCUMENT # P97000024226  
1. Entity Name  
KEP Enterprises, Inc.

**DO NOT WRITE IN THIS SPACE**

**80057003**

2. Principal Place of Business  
5113 Seagrape Dr.

3. Mailing Address  
Suite, Apt. #, etc. SAME

DO NOT WRITE IN THIS SPACE

City & State  
Ft. Pierce FL

City & State

4. FEI Number  
65-0744738

Applied For  
 Not Applicable

Zip  
34982

Country  
USA

Zip

Country

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 Porter, Carla M.  
Street Address (P.O. Box Number is Not Acceptable)  
5113 Seagrape Dr.  
City Ft. Pierce FL Zip Code 34982

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so.  (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Porter, Kenneth E.</u> <u>5113 Seagrape Dr.</u> <u>Ft. Pierce FL 34982</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>Porter, Carla M.</u> <u>5113 Seagrape Dr.</u> <u>Ft. Pierce FL 34982</u>
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CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE: Carla M. Porter CARLA M. PORTER 3/25/02 772-462-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #