

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000075976

FILED  
Jan 28, 2003  
Secretary of State

Entity Name: KSAF CONSULTING INC.

## Current Principal Place of Business:

P. O. BOX 4168  
ORMOND BEACH, FL 321754168

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 4168  
ORMOND BEACH, FL 321754168

## New Mailing Address:

FEI Number: 03-0322398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STUMP, GEORGE  
23 KINGSBRIDGE CROSSING DR.  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

KING, JOELLE  
25 TALAQUAH BOULEVARD  
ORMOND BEACH, FL 32174 US

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: JOELLE KING

01/28/2003

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( )

### OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: STUMP, GEORGE  
Address: 23 KINGSBRIDGE CROSSING DR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: KING, JOELLE  
Address: 23 KINGSBRIDGE CROSSING DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: KING, JOELLE  
Address: 23 KINGSBRIDGE CROSSING DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete  
Name: STUMP, GEORGE  
Address: 23 KINGSBRIDGE CROSSING DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KING, JOELLE  
Address: 25 TALAQUAH BOULEVARD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change ( ) Addition  
Name: KING, JOELLE  
Address: 25 TALAQUAH BOULEVARD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change ( ) Addition  
Name: KING, JOELLE  
Address: 25 TALAQUAH BOULEVARD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOELLE KING

PD

01/28/2003

Electronic Signature of Signing Officer or Director

Date