2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 06, 2002 8:00 am Secretary of State FILED P97000107831 DOCUMENT # 1. Entity Name 05-06-2002 90249 042 ***150.00 KISS REAL ESTATE INC. Principal Place of Business Mailing Address 597 HEMINGWAY COURT 537 HEMINGWAY COURT RUUDOOOO DELAND FL 32720 DELAND TE 32720 1061 TIMBER LANE 1061 TIMBER LANE ORANGE CITY, 71,32763 DRANGE CITY, 71, 32763 2. Principal Place of Business 3. Mailing Address 1061 TIMBER 1061 TIMBERLANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3547892 CITY Not Applicable ORANGE ORAKUE Country Zip _ \$8.75. Additional 5. Certificate of Status Desired ---USA 327*63* USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SILVERMAN, LESLIE 1061 TIMBER LANE Street Address (P.O. Box Number is Not Acceptable) -537-HEMINGWAY COURT DRANGE EITY, 71, 32763 DELAND FL 32720 Zip Code City 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. LESLIE SILVERMAN FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE SI/VERMAN, LETLIE SILVERMAN, LESLIE NAME NAME 537 HEMINGWAY COURT 1061 TIMBER LANG STREET ADDRESS STREET ADDRESS 1061 TIMBER LANE ORANOS CITY, 71.32763 DRANGE LITY, 74, 32763 CITY-ST-ZIP DELAND FL 32720 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP~ CITY-ST-ZIP -☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 furustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #