2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015485

1. Entity Name

KAPAKAJO, INC.

FILED
00 JUL 10 PM 2:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
200 MALAGA ST., STE. 1. ST. AUGUSTINE, FL 32084	200 MALAGA ST., STE.1 ST. AUGUSTINE, FL 32084

REINSTATEMENT

2. Principal Place of Business	3. Mailing Address
2301 PARK AVENUE	2301 PARK AVENUE
Suite, Apt. #, etc. SUITE 402	Suite, Apt. #, etc. SUITE 402
City & State ORANGE PARK FLORIDA	City & State ORANGE PARK FLORIDA
Zip / Country 32073 / USA	Zip / Country 32073 / USA

4. FEI Number
52-2131966
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRESGE, KENNETH R.
200 MALAGA ST., STE. 1
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name: STEPHEN J. DUVAL

Street Address (P.O. Box Number is Not Acceptable): 2301 PARK AVENUE, SUITE 402

City: ORANGE PARK FL Zip Code: 32073

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 7/6/00
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FRIEDRICH, KARIN 200 MALAGA ST., STE. 1 ST. AUGUSTINE, FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST. FRIEDRICH, KARIN 2301 PARK AVENUE, SUITE 402 ORANGE PARK, FL 32073	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRIEDRICH, PETER 200 MALAGA ST., STE. 1 ST. AUGUSTINE, FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. FRIEDRICH, PETER 2301 PARK,AVENUE, SUITE 402 ORANGE PARK, FL 32073	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200003335502--3 -07/25/00--01077--007 ****900.00 ****900.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-14-00 904-269-1069 KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #