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

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 32073 / Country USA	Zip 32073 / Country USA

REINSTATEMENT DO NOT WRITE IN THIS SPACE 99-80

4. FEI Number 52-2131966 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRESGE, KENNETH R. 200 MALAGA ST., STE. 1 ST. AUGUSTINE, FL 32084	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 [signature] 7/6/00 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) ☐

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	ST ☐ Delete	TITLE	ST. XX Change ☐ Addition
NAME	FRIEDRICH, KARIN	NAME	FRIEDRICH, KARIN
STREET ADDRESS	200 MALAGA ST., STE. 1	STREET ADDRESS	2301 PARK AVENUE, SUITE 402
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	P ☐ Delete	TITLE	PRES. XX Change ☐ Addition
NAME	FRIEDRICH, PETER	NAME	FRIEDRICH, PETER
STREET ADDRESS	200 MALAGA ST., STE. 1	STREET ADDRESS	2301 PARK,AVENUE, SUITE 402
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	200003335502--3
STREET ADDRESS		STREET ADDRESS	-07/25/00--01077--007
CITY-ST-ZIP		CITY-ST-ZIP	****900.00 ****900.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ 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 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: [signature] 3-14-00 904-269-1069 KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #