

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90115 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000015485 1. Entity Name KAPAKAJO, INC.					
Principal Place of Business 2301 PARK AVENUE SUITE 402 ORANGE PARK, FL 32073		Mailing Address 2301 PARK AVENUE SUITE 402 ORANGE PARK, FL 32073			
2. Principal Place of Business 428 WALNUT STREET		3. Mailing Address 428 WALNUT STREET			
Suite, Apt. #, etc.		State, Apt. #, etc.			
City & State GREEN COVE SPRINGS FL		City & State GREEN COVE SPRINGS FL		4. FEI Number 52-2131966	
Zip 32043		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DUVAL, STEPHEN J 2301 PARK AVENUE SUITE 402 ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 428 WALNUT STREET City GREEN COVE SPRINGS FL 32043		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Stephen J. Duval</i>		<i>(Stephen J. Duval)</i>		DATE 2-18-03	
<small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when re-stating)</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
FILE NOW! FEE IS \$150.00. After May 8, 2003 Fee will be \$200.00. Make check payable to Florida Department of State.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRIEDRICH, KARIN 2301 PARK AVENUE, SUITE 402 ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRIEDRICH, KARIN 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIEDRICH, PETER 2301 PARK AVENUE, SUITE 402 ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIEDRICH, PETER 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Stephen J. Duval</i>		<i>(Stephen J. Duval)</i>		DATE 02-21-03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CIT25034 (10/02)