2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am Secretary of State P98000055589 DOCUMENT # 1. Entity Name 05-23-2002 90029 032 ***158.75 KRAFT ENTERPRISES COMPANY, INC. Principal Place of Business Mailing Address 2606 SOUTH HORSESHOE DRIVE 2606 SOUTH HORSESHOE DRIVE NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3518368 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Pezeshkan, F. Fred RUDOLPH, KERRY Street Address (P.O. Box Number is Not Acceptable) 2606 S HORSESHOE DR 2606 South Horseshoe Drive NAPLES FL 34104 <u>Naple</u>s 8. The above named entity submits this statement for the pose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of register (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intel 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D/S/V Change ☐ Delete TITLE TITLE CARSELLO, ROBERT J NAME NAME Carsello, Robert 2606 SOUTH HORSESHOE DRIVE STREET ADDRESS STREET ADDRESS 2606 South Horseshoe Drive NAPLES FL 34104 CITY-ST-ZIP CITY-ST-7IP Naples, FL 34104 ☐ Delete TITLE Change Addition $D/\bar{P}/T$ PEZESHAN, F. FRED NAME NAME Pezeshkan, F. Fred 2606 SOUTH HORSESHOE DRIVE STREET ADDRESS STREET ADDRESS 2606 South Horseshoe Drive NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34104 CEO Delete ☐ Change ☐ Addition TITLE TITLE NAME KERRY, W R STREET ADDRESS 2606 S HORSESHOE DRIVE STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Defete TITLE Change ☐ Addition 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-7IP ☐ Detete 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address,

SIGNATURE:

CR2E034 (9/01)

FILED