FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90040 042 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087543

1. Entity Name
Indian River Kai, Inc.

DO NOT WRITE IN THIS SPACE

851658
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1041 N. Indian River Dr.	1041 N. Indian River Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa, Fl.	City & State: Cocoa, Fl.
Zip: 32922 Country: USA	Zip: 32922 Country: USA

4. FEI Number 59-3536888 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Halgren, Barbara Dickes

Street Address (P.O. Box Number is Not Acceptable): 1041 N. Indian River Drive

City: Cocoa, FL Zip Code: 32922

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: Barbara D Halgren BARBARA D. HALGREN PRESIDENT 4/29/02
Signature required for the filed officer of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE: D NAME: Anderson, William Ryan STREET ADDRESS: 1041 N. Indian River Drive CITY-ST-ZIP: Cocoa, Fl. 32922	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: P NAME: Halgren, Barbara Dickes STREET ADDRESS: 1041 N. Indian River Drive CITY-ST-ZIP: Cocoa, Fl. 32922	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ST NAME: Keeley, Gina STREET ADDRESS: 1041 N. Indian River Drive CITY-ST-ZIP: Cocoa, Fl. 32922	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara D. Halgren BARBARA D. HALGREN, PRESIDENT 4/29/02 (321) 633-9339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #