

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90147 010 ***150.00

DOCUMENT # P980000102893 ✓
1. Entity Name
K.E.G.S. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <u>1744 RIDGE AVE</u>		Suite, Apt. #, etc. <u>1744 RIDGE AVE</u>	
City & State <u>HOLLY HELL</u>		City & State <u>HOLLY HELL</u>	
Zip <u>32117</u>	Country <u>USA</u>	Zip <u>32117</u>	Country <u>USA</u>

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4. FEI Number <u>59-3552788</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>R. HYNARD, M.A.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>515 S. RIDGEWOOD AVE.</u>	
City <u>DAYTONA BEACH</u>	FL Zip Code <u>32114</u>

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, typed or printed name of registered agent and title if applicable. (NOTE: 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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>VAN DOORN, GREG</u> <u>1744 RIDGE AVENUE</u> <u>HOLLY HELL, FL 32117</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY</u> <u>VAN DOORN, EDITH</u> <u>1744 RIDGE AVENUE</u> <u>HOLLY HELL, FL 32117</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: [Signature] PREZ 4/23/02 386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 677 1779

CR2E034B (12/01)