

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 07, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000007165**

1. Entity Name  
**KMA TECHNOLOGIES, INC.**

Principal Place of Business 5284 35TH AVE N  SAINT PETERSBURG 33710	FL	Mailing Address 5284 35TH AVE N  SAINT PETERSBURG 33710	US	FL
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2. Principal Place of Business 3310 OVERLOOK DR NE	3. Mailing Address 3310 OVERLOOK DR NE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State SAINT PETERSBURG FL	City & State SAINT PETERSBURG FL
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Zip 33703	Country US	Zip 33703	Country US
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4. FEI Number <b>59-3622433</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**BARNES ROBERT LJR**  
 2655 MCCORMICK DRIVE  
  
**CLEARWATER FL**  
 33759 US

**7. Name and Address of New Registered Agent**

Name  
**BARNARD DOUGLAS LJR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**248 FIRST AVE N**  
  
 City **ST PETERSBURG FL** Zip Code **33703**

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 **DOUGLAS BARNARD**

**05/07/2001**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 D NAME FREEDMAN JOEL STREET ADDRESS 1735 34TH AVE N CITY-ST-ZIP ST PETERSBURG FL 33173	<input type="checkbox"/> Delete
TITLE D NAME SWARTZ TIM STREET ADDRESS 5284 35TH AVE N CITY-ST-ZIP SAINT PETERSBURG FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE D NAME FREEDMAN JOEL STREET ADDRESS 3310 OVERLOOK DRIVE NE CITY-ST-ZIP ST PETERSBURG FL 33703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SWARTZ TIM STREET ADDRESS 4180 14 ST NE CITY-ST-ZIP SAINT PETERSBURG FL 33703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Joel Freedman**

d

**05/07/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)