

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-07-2003 90092 041 ***150.00

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1. Entity Name
KA & DON, INC.
INDEPENDENT DR #211
JACKSONVILLE, FL 32202

Principal Place of Business Mailing Address
7616 RUSTIC DRIVE **1726 FIDDLER RIDGE DR**
ORANGE PARK FL 32003 **ORANGE PARK FL 32003**

2 INDEPENDENT DR
JACKSONVILLE FL #211

2. Principal Place of Business **32202** 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **55-8967428**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

RUANGSORN, UDORN
1726 FIDDLERS RIDGE DRIVE
ORANGE PARK FL 32003

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RUANGSORN, UDORN**
STREET ADDRESS **1726 FIDDLERS RIDGE DR**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **D** ☒ Delete
NAME **LEE, KA**
STREET ADDRESS **1726 FIDDLERS RIDGE DRIVE**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **KA-LEE RUANGSORN** ☐ Delete
NAME **1726 FIDDLERS RIDGE DR**
STREET ADDRESS **ORANGE PARK FL 32003**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition
NAME **KA-LEE RUANGSORN**
STREET ADDRESS **1726 FIDDLERS RIDGE DR**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1003
Date Daytime Phone #

CR2E034 (10/02)