2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am Secretary of State P99000015222 DOCUMENT # 1. Entity Name 04-10-2002 90021 023 ***158.75 KGD SYSTEMS, INC. Mailing Address Principal Place of Business 115 CONCORD DRIVE 115 CONCORD DRIVE Outon SUITE D SUITE D CASSELBERRY FL 32707 CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address 1915 Grande Isle Cr 1915 Grande Isle Cir Suite, Apt. #, etc. Suite, Apt. # etc. DO NOT WRITE IN THIS SPACE 621 City & State City & State 4. FEI Number Applied For 59-3561704 Orlando Orlando Not Applicable Country کر س \$8.75 Additional Country 32810 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEBAUN, KENNETH Street Address (P.O. Box Number is Not Acceptable) 9024 SUMMIT CENTRE WAY 2-207 ORLANDO FL 32810 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00__ 9. This corporation is eligible to satisfy its Intangible... \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CE0 TITLE TITLE ☐ Delete DeBaun Kenneth NAME NAME DEBAUN, KENNETH 1915 Grande Isk Cr #621B STREET ADDRESS 9024 SUMMIT CENTRE WAY 2207 STREET ADDRESS ORLANDO FL 32810 CITY-ST-ZIP 32810 CITY-ST-ZIP Orlando, FL ☐ Delete TITLE □ Change Addition TITLE CIO NAME STANLEY, GREG NAME STREET ADDRESS 2343 HUNTERFIELD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.

CR2E034 (9/01)