

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

05-13-2002 90150 015 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025252

1. Entity Name

K+M Management Services, Inc.**DO NOT WRITE IN THIS SPACE**

92270

2. Principal Place of Business <u>K+M MGMT Services</u>	3. Mailing Address <u>K+M MGMT Services</u>
Suite, Apt. #, etc. <u>5302 YOSHINO TER.</u>	Suite, Apt. #, etc. <u>5302 YOSHINO TER.</u>
City & State <u>Powder Springs, GA</u>	City & State <u>Powder Springs, GA</u>
Zip <u>30127</u>	Country <u>COBB</u>
Zip <u>30127</u>	Country <u>COBB</u>

4. FEL Number <u>65-0905165</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name <u>K+M Management Services, Inc.</u>
Address <u>405 SW 47TH STREET</u>
City, State <u>CAPE CORAL, FLA 33914</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 Michael P.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/26/02

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	PRES. KARLA A. POMARICO 5302 YOSHINO TER. POWDER SPRINGS, GA 30127	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TRES MICHAEL POMARICO 5302 YOSHINO TER POWDER SPRINGS, GA 30127	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Michael P. MICHAEL POMARICO Sec/TRES 4/26/02 770-439-3798
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #