

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90889 020 \*\*\*158.75

**DOCUMENT #** P99000033741  
1. Entity Name  
**Kendall On Line, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1110 SW 189 Terrace**  
Suite, Apt. #, etc.

3. Mailing Address  
**1110 SW 189 Terrace**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Pembroke Pines, FL**

City & State  
**Pembroke Pines, FL**

Zip  
**33029**

Country  
**USA**

Zip  
**33029**

Country  
**USA**

4. FEI Number  
**650910086**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Nancy R. Boyle**

Street Address (P.O. Box Number is Not Acceptable)  
**1110 SW 189 Terrace**

City **Pembroke Pines** FL Zip Code **33029**

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 *Nancy R Boyle* **Nancy R Boyle** **4/30/02** *(Change of Address only)*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DAY

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **January 1 - May 1: Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$81.25**  
**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		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	<b>P,V,T,S,D,C,M</b>	TITLE	<b>Nancy R. Boyle</b>	<b>1110 SW 189 Terrace</b>	<b>Pembroke Pines, FL 33029</b>
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
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STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy R Boyle* **Nancy R Boyle** **4/30/02** **(305) 382-0096**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #

*or Home*  
**(954) 432-2664**

CR2E034B (12/01)