

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90720 006 ***150.00

DOCUMENT # P99000062613

1. Entity Name
KA-DEX, INC.

Principal Place of Business
**2365 SW ANTIQUERA ST.
PORT ST. LUCIE FL 34953**

Mailing Address
**2365 SW ANTIQUERA ST.
PORT ST. LUCIE FL 34953**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2365 SW ANTIQUERA ST.
Suite, Apt. #, etc.

3. Mailing Address
2365 SW ANTIQUERA ST.
Suite, Apt. #, etc.

City & State
PORT ST. LUCIE, FL.

City & State
PORT ST. LUCIE, FL.

4. FEI Number
65-0935148

Applied For
Not Applicable

Zip
34953 Country
ST. LUCIE

Zip
34953 Country
ST. LUCIE

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

6. Name and Address of Current Registered Agent

**NICHOLS, DEXTER D JR
2365 SW ANTIQUERA ST.
PORT ST. LUCIE FL 34953**

7. Name and Address of New Registered Agent

Name
KATHERINE D. NICHOLS
Street Address (P.O. Box Number is Not Acceptable)
**2365 SW ANTIQUERA ST.
PORT ST. LUCIE FL 34953**
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.

SIGNATURE
Katherine D. Nichols, KATHERINE D. NICHOLS
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
4/1/02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, DEXTER D JR. 2365 SW ANTIQUERA ST. PORT ST. LUCIE FL 34953	<input checked="" 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 NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICHOLS, KATHERINE D. 2365 SW ANTIQUERA ST. PORT ST. LUCIE, FL. 34953	<input type="checkbox"/> Change <input checked="" 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
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
Katherine D. Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4/1/02
561879-7219
Daytime Phone #

CR2E034 (9/01)