

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90144 024 ***158.75

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DOCUMENT # P99000062805

1. Entity Name
KIM CONSULTING AND THERAPIES, INCORPORATED



Principal Place of Business
**BAY PROF. BLDG., SUITE 102-B
2061 BAY PALM ROAD
PALM BAY FL 32905**

Mailing Address
**4701 EAGLESHAM DRIVE
ORLANDO FL 32826-4020**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **05-0352090**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIM, JAMES
4701 EAGLESHAM DRIVE
ORLANDO FL 32826**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KIM, JAMES K	
STREET ADDRESS	4701 EAGLESHAM DRIVE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOCKEY, PETER CPA	
STREET ADDRESS	1500 PROVIDENCE HWY.	
CITY-ST-ZIP	NORWOOD MA 02062	
TITLE	S	<input type="checkbox"/> Delete
NAME	KIM, YOUNG K-	
STREET ADDRESS	4701 EAGLEHAM DRIVE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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: **DRIGGANTY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 30, '03 321-729-9419
Date Daytime Phone #

CR2E034 (10/02)