## 2001 UNIFORM BUSINESS REPORT (UBR)

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## FILED Apr 25, 2001 8:00 am Secretary of State DOC MENT # P9900063536 KAYBRO ENTERPRISES, INC. 4-25-2001 90138 004 \*\*\*150.00 Principal Place of Business Mailing Address 12350 S. BELCHER ROAD 12350 S. BELCHER ROAD BIDG 14 BLDG 14 LUUTUUU LARGO FL 33773 LARGO FL 33773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3588123 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAY, RALPH S JR Street Address (P.O. Box Number is Not Acceptable) 12350 S. BELCHER ROAD BLDG 14 **LARGO FL 33773** City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. DVPT Change Addition CR2E034 (10/00) TITLE ☐ Delete TITLE KAY, RALPH S JR NAME NAME STREET ADDRESS 12350 S. BELCHER ROAD BLDG. 14 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF LARGO FL 33773 n D S TITLE Change TITLE ☐ Delete Addition KAY, KRIS NAME NAME 12350 S. BELCHER ROAD BLDG. 14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 DP **X** Addition ☐ Delete TITLE BRYAN KAY NAME NAME 12350 S. BELCHER ROAD BUDG 14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARGU, FL 33773 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 flue 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 trostee 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 01

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOF

Daytime Phone #