FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Jun 19, 2001 8:00 am **DOCUMENT # P99000081416** Secretary of State 06-19-2001 90430 014 ***150 00 K D CAR ENTERPRISES, INC. Principal Place of Business Mailing Address 208 ALEXANDRA WOODS DRIVE 208 ALEXANDRA WOODS DRIVE AAAA TAQ A DEBARY FL 32713 DEBARY FL 32713 2. Principal Place of Business 3. Mailing Address 2914 KIVER Suite, Apt, #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3596453 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WAIT, KEVIN Street Address (P.O. Box Number is Not Acceptable) -200 ÁLEXANDRA-WOODS-DRIVE-DEBARY FL 32713- 2914 RIVER FOINT DR. DAYTONA BEACH, F. 32118 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 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. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00 TITLE TITLE Change ☐ Addition ☐ Delete WAIT, KEVIN NAME NAME 2914 RIVER POINT DR. DAYTONA BEACH, FL. 32118 200 ALEXANDRA WOODS DRIVE STREET ADDRESS STREET ADDRESS DEBARY FL 82713-CITY-ST-7IP CITY-ST-7IP Change TITLE □ Delete TITLE Addition WAIT, DENISE M NAME 2914 RIVER POINT DR. PAYTONA BEACH, FL. 32118 NAME 208 ALEXANDRA WOODS DRIVE STREET ADDRESS STREET ADDRES DEBARY FL 32713 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 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

EVIN WAIT