04/07/2003 11:52 35286004164 FLA ALL BUS SE

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90303 038 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) - 2003

DOCUMENT # P 99000102281

1. Entity Name
KOVE RESTAURANT ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10135 US Highway 441	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BELLEVIEW FL	City & State
Zip: 34420 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3605232 ☐ 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: WALTER D. LUNDELIUS SR
Street Address (P.O. Box Number is Not Acceptable): 5 NO. BEST POINT
City: INVERNESS FL Zip Code: 34450

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: _____ 4-20-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 P NAME KOVELESKY, BARRY STREET ADDRESS 4451 S.E. 17 AVE CITY-ST-ZIP OCALA FL 34480	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME KOVELESKY, MARLENE STREET ADDRESS 4451 S.E. 17TH AVE CITY-ST-ZIP OCALA FL 34480	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE S NAME LUNDELIUS, SR. WALTER D STREET ADDRESS 5 NO. BEST POINT CITY-ST-ZIP INVERNESS FL 34450	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #