

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90224 049 ***150.00

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DOCUMENT # P99000106938



1. Entity Name
K & G IMPORT SOLUTIONS INCORPORATED

Principal Place of Business
5957 WESTGATE DR 31914
ORLANDO FL 32835

Mailing Address
PO BOX 617260
ORLANDO FL 32861

2. Principal Place of Business
5957 WESTGATE DR.

3. Mailing Address

Suite, Apt. #, etc.
1914

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

City & State

Zip
32835

Country
U.S.A.

Zip

Country

4. FEI Number **65-0974269**

Applied For
Not Applicable

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

HUMANEK, THOMAS J
1417-3 DELPRADO BLVD
STE 159
CAPE CORAL FL 33990

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **GIRLING, ALLYN**
STREET ADDRESS **2550 W 74TH ST**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **P** ☒ **Change** ☐ **Addition**
NAME **GIRLING, ALLYN**
STREET ADDRESS **704 CROSS STREET**
CITY-ST-ZIP **NICEVILLE FLORIDA 32588**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Allyn M. J. Hirling
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 March 2003 407-313-1928
Date Daytime Phone #

CR2E034 (10/02)