2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P99000110980** KASSY ENTERPRISES, INC 04-30-2001 90043 049 ***150.00 Principal Place of Business Mailing Address 2156 N. CATALINA DR. 2156 N. CATALINA DR. CLEARWATER FL 33763 CLEARWATER FL 33763 2. Principal Place of Business 3. Mailing Address ulmar Rd Suite, Apt. #. etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Gity & State City & State 4. FEI Number Apollod For 59-3618110 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YARBROUGH, CATHERINE Street Address (P.O. Box Number is Not Acceptable) 2156 N. CATALINA DR. CLEARWATER FL 33763 MEDIN 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, typed or printed name of registered agent and title if applicable (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. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 7171.5 Delete TITLE 🗶 Change YARBROUGH, CATHERINE NAME NAME 1091 Suemar RD DuneDIN FL 34698 STREET ADDRESS 2156 NORTH CATALINA DRIVE STREET ADDRESS CHY-ST-ZiP CITY-ST-7IP CLEARWATER FL 33763 1111.5 ☐ Delete THE ☐ Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY ST-7P 1011.5 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP City-St-ZIP TITLE ☐ Deiete TITLE ☐ Change Addition NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change Adoition NAME NAME STREET ADDRESS STREET ACCRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I horoby certify that the information supplied with this filling 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 logal effect as if made under oath; that I am an officer or cirector 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, with all other like empowered.

CITY-ST-7IP

NTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF

C/TY-ST-ZIP

CATHERINE