2002 UNIFORM BUSINESS REPORT (UBR) S17159 **DOCUMENT#** 1. Entity Name KIM'S MARKET, INC. Principal Place of Business Mailing Address

FILED Jul 25, 2002 8:00 am Secretary of State 07-25-2002 90126 033 ***150.00

INDIAN HARBOUR BEACH FL 32937		910 PINETREE DR. INDIAN HARBOUR BEACH FL 32937			;	} 10 12 12 14 14 14 14 14 14	JAZI BIBIL BIBIL BIBIL BIBI	(
2. Principal	Place of Business	3. Mailing Address									
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Sta	ste.	City & State		<u></u>							
-		Oity a state			4.	FEI Number 59-3043699		Applied For Not-Applicable:			
Zip Country		Zip	Country		5.	Certificate of Status Desired	\$8.75 Ac	dditional			
	6. Name and Address of Current Re	egistered Agent			7.	Name and Address of New Reg		-			
140001114					Name						
	JACCHIA, WILLIAM F. 910 PINETREE DR.			Street Address (P.O. Box Number is Not Acceptable)							
	iree ur. Iarbour Beach Fl 32937				<u> </u>		<u>.</u>				
INDIAN	ARBOUR BEACH FL 3293/										
	٠			City		,	FL Zip Coo	de			
8. The above	e named entity submits this statement for the	he purpose of changing it	s registere	d office or re	gistered ac	gent, or both, in the State of Florid	a. Jam familiar with	and accept			
the obligat	tions of registered agent.						er van van mar mar	, and docopt			
SIGNATURE											
÷	Signature, typed or printed name of registered agent and			Agent signature i		einstating)	DATE				
Tax filing a	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW After September 13 Make Check Paya	3, 2002 F	ee will be \$	750.00	10. Election Campaign Finance Trust Fund Contribution.		OO May Be d to Fees			
11.	OFFICERS AND DI	RECTORS	12.	 	AC	L DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11			
TITLE	P NOCCOUR VONO CUM	☐ Delete	TITLE				☐ Change	Addition			
NAME STREET ADDRESS	JACCCHIA, YONG SUN 910 PINETREE DR		NAME								
CITY-ST-ZIP	INDIAN HARBOUR BCH FL		CITY-	T ADDRESS							
TITLE	ST	☐ Delete	TITLE	-			Channel Channel				
NAME	JACCHIA, WILLIAM F		NAME				Change	☐ Addition			
- Street-Address - City - St - Zip	•910:PINETREE:DR INDIAN HARBOUR BCH FL		~ .	ADDRESS	-			}			
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STREET ADDRESS				ADDRESS							
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TITLE '		□ Delete	TITLE								
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CITY-ST-ZIP			CITY-S	T-ZIP			_	1			
TITLE NAME		Delete	TITLE				☐ Change	Addition			
STREET ADDRESS			NAME	ADDRESS							
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of the corp	ertify that the information supplied with this on this report or supplemental report is true oration or the receiver or trustee empower or on an attachment with an address, with	and to avenue the same	the exemp	otion stated in	n Section 1 the same le 607, Florid	19.07(3)(i), Florida Statutes. I furth gal effect as if made under oath; a Statutes; and that my name app	ner certify that the in that I am an officer opears in Block 11 or	formation or director Block 12 if			

SIGNATURE: WILLIAM STORE

7/22/02 321-779-2414 Date Dayline Phone #

2002 Unifo rm Business Report (UBR)										
DOCU	MENT # S1715	i9		<i>l</i> ,						
KIM'S MA	ARKET, INC.				Attachment					
Principal Plac	ce of Business	Mailing Address	Mailing Address			1122316	1			
910 PINETREE DR. INDIAN HARBOUR BEACH FL 32937		910 PINETREE DR. INDIAN HARBOUR BEACH FL 32937				010000				
2. Principal F	Place of Business	3. Mailing Address					21.24 JR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & Stat		City & State			4. FEI Number	59-3043699		Applied For Not Applicable		
Zip	Country	Zip	Countr	у	5. Certificate of	of Status Desired	□ \$8.75 Fee Red	Additional quired		
	6. Name and Address of Current I	Registered Agent		Name	7. Name and	Address of New Rec	gistered Agent			
	, WILLIAM F.		-	Street Address (P.O. Box Number is Not Acceptable)						
910 PINE INDIAN H	TREE UK. IARBOUR BEACH FL 32937									
				City			FL Zip	Code		
8. The above	e named entity submits this statement for	the purpose of changing its r	registered	d office or registe.	red agent, or both	n, in the State of Flori	da.			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered /	Agent signature required	d when reinstating)		DATE			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!! After May 1, 200 Make Check Payabi	12 Fee w	S \$150.00, (*) vill be \$550.00 partment of Sta	See 10. Elec	ction Campaign Finar st Fund Contribution.		5.00 May Be dded to Fees		
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/C	CHANGES TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACCCHIA, YONG SUN 910 PINETREE DR INDIAN HARBOUR BCH FL	□ Delete	TITLE NAME STREET CITY-S	FADDRESS ST-ZIP			☐ Char	nge 🔙 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JACCHIA, WILLIAM F -910.PJNETREE.DR	□ Delete	TITLE NAME STREET	ADDRESS			Char	nge 🔲 Addition		
TITLE	INDIAN HARBOUR BCH FL	☐ Delete	TITLE	1*211			☐ Chan	nge Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME	ADORESS IT-ZIP						
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indicated of the cor	certify that the information supplied with to this report or supplemental report is to poration or the receiver or trustee empoyor or on an attachment with an address, we	true and accurate and that my wered to execute this report a	ıy signatur	re shall have the	same legal effect	as if made under oat	th; that I am an off	licer or director		
SIGNAT	URE: WILLIAM SIGNATURE AND TYPED OR PR	TINZED ATAME OF STENING OFFICER OF	DIRECTOR	R	10 A	ON OZ	321-17 G	3-2414		

Attachment Document #

Kim's Market Inc 910 Pinetree Drive Indian Harbour Beach Fl. 32937

517159 B0138316

22July 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee Fl. 32302-1500

Document Number S17159

Dear Sirs.

I am writing concerning my filing of my Uniform Business Report for 2002. I do not know what has happen, but it appears that my report I sent to you has been lost. I forwarded my report in April 2002 as I have done for the past 11 years, but it seems like this year's report may have been lost?

I am attaching a copy of the report I sent in April and a copy of the Stop payment I have had done on the check.

I am hoping that this will be sufficient evidence that I had sent the original back in April and will be allowed to file under the original fee of \$150.00

Your understanding in this matter will be appreciated.

Regards

William F. Jacchia

Secretary and Treasure

Bank of America

Bank of America, N.A. Regional Center. P.O. Box 31019 Tampa, FL 33631-3019

Attachment Document #

Telephone Banking: 1.800.299.2265

Date of Notice:

Business Economy Checking

Account Number: 0028 3430 4272

Stop-Payment-Notice.

At your request, we have placed a stop payment on the check (item) described below. Please make sure that the information you have provided to us about this item is correct. To cancel your stop payment request or change any of the information noted below, please call us toll free at the number listed above. In addition, if there is a fee associated with your stop payment order, please remember to deduct it from your account balance.

Stop payment order effective:

07/12/02

Amount:

\$150.00

Check number/range:

0000000804

Stop payment fee:

\$30.00

Payee: FL DEPT OF STATE DIVISION OF CORPORATION of check:

00/00/00

Reason for stop payment: LOST

SEE REVERSE SIDE FOR OPENING INSTRE

Bank of America

Bank of America, N.A. Regional Center P.O. Box 31019 Tampa, FL 33631-3019

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KIMS MARKET INC 910 PINETREE DR INDIAN HARBOUR BEACH FL 32937-2608

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