

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S79868

1. Entity Name
KADDY WORLD, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90169 023 ***150.00

C0045828



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2727 SOUTH OCEAN BLVD
#403
HIGHLAND BEACH FL 33487-8837

Mailing Address
2727 SOUTH OCEAN BLVD
#403
HIGHLAND BEACH FL 33487-8837

2. Principal Place of Business
2727 S. OCEAN BLVD
Suite, Apt. #, etc.
SUITE 403
City & State
HIGHLAND BEACH
Zip
33487
Country

3. Mailing Address
2727 S. OCEAN BLVD
Suite, Apt. #, etc.
403
City & State
HIGHLAND BEACH
Zip
33487
Country

4. FEI Number 65-0284112
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHAPER, RICHARD
2727 SOUTH OCEAN BLVD.
SUITE 403
HIGHLAND BEACH FL 33487

7. Name and Address of New Registered Agent
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.

SIGNATURE _____ (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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAPER, RICHARD T.		NAME		
STREET ADDRESS	2727 S OCEAN BLVD #403		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAPER, LYNDIA S.		NAME		
STREET ADDRESS	2727 S OCEAN BLVD #403		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard T. Schaper **RICHARD T. SCHAPER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/19/01 Daytime Phone # 561 2439387

CR2E034 (10/00)