2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 25, 2001 8:00 am Secretary of State **DÖCUMENT # V13056** KAY VENTURES, INC. 04-25-2001 90138 002 ***150.00 Principal Place of Business Mailing Address 12350 SOUTH BELCHER ROAD 12350 SOUTH BELCHER ROAD BUILDING 14 **BUILDING 14** LARGO FL 33773-3009 LARGO FL 33773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. EEI Number 59-3107983 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ___ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAY, BRYAN Street Address (P.O. Box Number is Not Acceptable) 12350 S BELCHER ROAD BLDG, 14 **LARGO FL 33773** City Zip Code FL 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DPT $\overline{\mathsf{DP}}$ TITLE ☐ Delete TITLE KAY, BRYAN NAME NAME 12350 S BELCHER RD BLDG 14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33773 CITY-ST-ZIP DVPS DVPT ☐ Addition Change ☐ Delete TITLE TITLE KAY, RALPH NAME 12350 S BELCHER RD BLDG 14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33773 CITY-ST-ZIP **X** Addition ☐ Delete TITLE KIRIS KAY NAME 12350 S. BOWHER RD BLOG 14 STREET ADDRESS STREET ADDRESS LARGO, FL 33773 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ind does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if other like empowered. 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true an of the corporation or the receiver or trustee empowered changed, or on an attachment with n address, with a