2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V27828 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name K & C SALES, INC. 04-22-2000 90029 023 ***150.00 Principal Place of Business Mailing Address 9097 MERRIMORE BLVD. 9097 MERRIMORE BLVD. LARGO FL 33777 LARGO FL 33777-3100 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3121739 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAROUDIS, MARGARET ANN Street Address (P.O. Box Number is Not Acceptable) 9097 MERRIMORE BLVD. **LARGO FL 33777** 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 IN ARGARET A. Maroudis (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, 2000 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D ☐ Addition TITI F TITLE Delete MAROUDIS, MARGARET ANN NAME NAME STREET ADDRESS 9097 MERRIMORE BLVD. STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE MAROUDIS, CRAIG P. NAME NAME J. STREET ADDRESS STREET ADDRESS 9097 MERRIMORE BLVD. CITY-ST-ZIP CITY-ST-ZIP LARGO FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY=ST=ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT! F TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR