2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # V38408** 1. Entity Name K.E. WINDSOR ENTERPRISES, INC. 04-03-2001 90016 017 ***150 00 Principal Place of Business Mailing Address C/O KENNETH E. WINDSOR. JB 5 & 1271 LITTLE OAK CIR TITUSVILLE FL 32780 **FUUUFU** 2851 GARDEN STREET TITUSVILLE FL 32796 US 3. Mailing Address 2. Principal Place of Business KENNETH E. WINDSOR SR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3127847 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WINDSOR, SHIRLEY Street Address (P.O. Box Number is Not Acceptable) 1271 LITLE OAK CIRCLE TITUSVILLE FL 32780 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME WINDSOR, KENNETH E SR NAME STREET ADDRESS STREET ADDRESS 1271 LITTLE OAK CIR CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 Addition Change ☐ Delete TITLE TITLE WINDSOR, SHIRLEY A. NAME NAME STREET ADDRESS STREET ADDRESS 1271 LITTLE OAK CIR CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 ☐ 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 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE 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: Xound Ken NOTA

STREET ADDRESS

CITY-ST-ZIP

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