

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90044 021 \*\*\*150.00

0000380

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 290491 ✓  
**1. Entity Name**  
 KALMIA COMPANY, INC.

**Principal Place of Business**      **Mailing Address**  
 1895 Gulf Shore Blvd. South      ~~1895 Gulf Shore Blvd. S.~~  
 Naples, FL 34102      ~~Naples, FL 34102~~

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      P. O. Box 363  
 Suite, Apt. #, etc.

**City & State**      **City & State**  
 Bradford, PA  
**Zip**      **Country**  
 16701      USA

**4. FEI Number**      **Applied For**  
 25-1155166       Not Applicable  
**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 BLAISDELL, R.K.  
 307 GOODLETTE ROAD SOUTH, #305B  
 NAPLES, FL 33940

**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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, 2000 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**

<b>TITLE</b> P	<input type="checkbox"/> Delete
<b>NAME</b> Kearney, Barbara	
<b>STREET ADDRESS</b> 1895 Gulf Shore Blvd. S	
<b>CITY-ST-ZIP</b> Naples, FL 34102	
<b>TITLE</b> VP	<input type="checkbox"/> Delete
<b>NAME</b> Kearney, Richard P.	
<b>STREET ADDRESS</b> 1895 Gulf Shore Blvd. S.	
<b>CITY-ST-ZIP</b> Naples, FL 34102	
<b>TITLE</b> STD	<input type="checkbox"/> Delete
<b>NAME</b> DENNIS, Susan R.	
<b>STREET ADDRESS</b> 18 Cornelius Lane	
<b>CITY-ST-ZIP</b> Bradford, PA 16701	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** Susan R. Dennis      **03/20/2000**      **1-814-362-9192**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)