2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 08, 2000 8:00 am **DOCUMENT # J79933 Secretary of State** KAD ENTERPRISES, INC. 03-08-2000 90005 034 ***150.00 Principal Place of Business Mailing Address 2881 CLARK RD 2881 CLARK RD **UNIT 19 UNIT 19** SARASOTA FL 34231-6298 C0032917 SARASOTA FL 34231-6200 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2813050 Not Applicable \$8.75 Additional Zip Country 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 DIXON, DONALD Street Address (P.O. Box Number is Not Acceptable) 4112 BEE RD SARASOTA FL 34233 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 if 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. \square Delete Addition TITLE TITLE NAME DIXON, DONALD NAME STREET ADDRESS **4925 PRESTON WAY** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34323 Change Addition ☐ Delete TITLE NAME GREEN, KEVIN E. NAME STREET ADDRESS 535 JOHNS PASS AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADERIO BEACH FL 33708 ☐ Change Addition TITLE ☐ Delete TITLE NAME 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition 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 Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 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.

GOXIO LI CJALOO

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR