FILED

Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90829 034 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

L28854 **DOCUMENT #**

1. Entity Name

K2 ENGINEERING, INC.

			1	I IRS			
Principal Place of Business 7804 US HIGHWAY 301 SOUTH RIVERVIEW FL 33569-4351 US		Mailing Address 7804 US HIGHWAY 301 SOUTH RIVERVIEW FL 33569-4351 US			E karkaju ata kiapi jekaj tajak birka ata	(I Afari Jubir Afari Afa	(* 4.8) 6 (8) kaba
2. Principal	I Place of Business	3. Mailing Address					
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	<u> </u>		☐ CHECK HERE IF M	MAKING CHANG	FS
City & St	ate	City & State		4.	. FEI Number 59-2977470		Applied For
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 A	Not Applicable Additional
	6. Name and Address of Current R	enistered Agent			7	Fee Requ	ired
10431 T A	KI, AMY J. ARA DRIVE W FL 33569	-good -gon	Name Street Ad	ddress (P.O.	Box Number is Not Acceptable) EAGLE MOUNT	CIRCLE	
*				- iThi		EI Zip C	ode 547
8. The above the obligation of			s registered office or	registered a	gent, or both, in the State of Florida.	l am familiar wit	h, and accept
	Signature, typed or printed name of registered agent and	title if applicable. (NO	TE: Registered Agent signatu	re required when	reinstating)	DATE	
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of S	1	r-		Election Campaign Financir Trust Fund Contribution.	υ _— Ψυ,	.00 May Be led to Fees
10.	OFFICERS AND DI		11.	A	DDITIONS/CHANGES TO OFFICER:	S AND DIRECTO	PRS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT KOWALSKI, JOSEPH A 5720 CASKMOUNT CIR CLE LITHIA FL 33547	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5720	EAGIE MOUNT CIRC	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOWALSKI, AMY J 5720 EAGLEMAOUN T CIRCLE RIVERVIEW FL 33569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5721	O EAGLE MOUNT	⊠ Change	Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. **SIGNATURE:**

CITY-ST-ZIP

	1. Entit	CUMENT #	L2885	54	PORT (U		- atta	CYYY)	HH-
	K2 EN	NGINEERING, INC.	COC	79					•
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	2. Princi	cipal Place of Business		3. Mailing Address					
!		, Apt. #, etc.		Suite, Apt. #, etc.			1		an every event Biell
	City &			City & State			DO NOT WRITE 4. FEI Number 50-2077470	IN THIS SPACE	
		Country 6. Name and Address		Zip	Country		59-2977470	\$8.7	Applied Fo
1	~~~~	6. Name and Addres	ss of Current H	Registered Agent			7. Name and Address of New Reg	/) Eco D	5 -Additional- equired
	10431 T RIVERVII	LSKI, AMY J. TARA DRIVE /IEW FL 33569			City	t Address (P	P.O. Box Number is Not Acceptable)	cle	
	The above	ve named entity submits this	statement for th	he purpose of changing its	registered office	or registered) Q d agent, or both, in the State of Florida	FL 28	3547
	SIGNATURE	Signature, typed or printed name of n		100					
,		rporation is eligible to satisfy it		FILE NOW!	E: Registered Agent signa	Blure required who		DATE	
1	(See crite	nena on back)		Απεr May 1, 200 Make Check Payab	ハウットをはいい かっと 野女	1776年的加发战场通过	10. Election Campaign Financia Trust Fund Contribution.	~ ~ Ψι	5.00 May Be
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