2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

Sep 14, 2001 8:00 am Secretary of State M96761 DOCUMENT # 1. Entity Name 09-14-2001 90006 019 ***550.00 KAITLYN ENTERPRISES, INC. Principal Place of Business Mailing Address C/O SCOTT MCQUEEN C/O SCOTT MCQUEEN 2314 PATIO CIRCLE 2314 PATIO CIRCLE PT. ST. LUCIE FL 34952 PT. ST. LUCIE FL 34952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0067711 Not Applicable Zip Country - 5 Zip _ __ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCUEEN, SCOTT Street Address (P.O. Box Number is Not Acceptable) 2314 PATIO CIRCLE PT. ST. LUCIE FL 34952 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F Addition ☐ Change MCQUEEN, SCOTT NAME NAME 2314 PATIO CIRCLE STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MCQUEEN, NANCY NAME STREET ADDRESS 2314 PATIO CIRCLE STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KANE, JEAN NAME STREET ADDRESS 271 TICHENOR AVE STREET ADDRESS S. ORANGE NJ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.