

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91005 009 \*\*\*150.00

553592

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P00000027158

**1. Entity Name**  
 KABANG, INC.

**Principal Place of Business**      **Mailing Address**  
 13531 Summerton Drive      717 East Oak Street  
 Orlando, FL 32824      Kissimmee, FL 34744

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number**      Applied For  
 59-3633227      Not Applicable

**5. Certificate of Status Desired**            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

Andrew J. Baumruk, CPA  
 717 East Oak Street  
 Kissimmee, FL 34744

**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!!**  
**After MAY 1, 2001**  
**Make Check Payable**

**FEE IS \$150.00**  
**Fee will be \$550.00**  
**to Department of State**

**10. Election Campaign Financing**            **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	Robert G. Dexter	
STREET ADDRESS	13531 Summerton Drive	
CITY-ST-ZIP	Orlando, FL 32824	
TITLE	D	<input type="checkbox"/> Delete
NAME	William Kania	
STREET ADDRESS	767 Leonardo Court	
CITY-ST-ZIP	Kissimmee, FL 34758	
TITLE	D	<input type="checkbox"/> Delete
NAME	Eon Budha	
STREET ADDRESS	4103 Tropical Isle Blvd.	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	Steven C. Bell	
STREET ADDRESS	13531 Summerton Drive	
CITY-ST-ZIP	Orlando, FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 I am the 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:** *Steven C Bell*      **4/26/01**      **407 816 6359**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR      Date      Daytime Phone #

CR2E034 (11/00)