

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90058 009 ***150.00

DOCUMENT # P00000027158



1. Entity Name
KABANG, INC.

Principal Place of Business
13531 SUMMERTON DRIVE
ORLANDO FL 32824

Mailing Address
717 E OAK STREET
KISSIMMEE FL 34744

11006192



2. Principal Place of Business
13304 Glacier Nat'l Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL

City & State

4. FEI Number **59-3633227**

Applied For
Not Applicable

Zip **32837** **Country** **USA**

Zip **Country**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUMRUK, ANDREW J CPA
717 E. OAK STREET
KISSIMMEE FL 34744

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	DEXTER, ROBERT G	13531 SUMMERTON DRIVE	ORLANDO FL 32824	<input type="checkbox"/>
DVP	KANIA, WILLIAM	767 LEONARDO CT.	KISSIMMEE FL 34758	<input type="checkbox"/>
DT	BUDHA, EON	4103 TROPICAL ISLE BLVD.	KISSIMMEE FL 34741	<input type="checkbox"/>
DS	BELL, STEVEN C	13531 SUMMERTON DRIVE	ORLANDO FL 32824	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		2340 The Oaks Blvd.	Kissimmee, FL 34746	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		13304 Glacier National Drive #5105	Orlando, FL 32837	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Steven C Bell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03 407 855 6844
Date Daytime Phone

CR2E034 (10/02)