FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90136 039 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000007880

1. Entity Name
Kidd - OWENS & ASSOCIATES INC

DO NOT WRITE IN THIS SPACE

90073212

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3280 GARCIA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1770 ROSEWELL DRIVE
Suite, Apt. #, etc.

City & State: Tallahassee, FL
Zip: 32308 Country: USA

City & State: Rock Hill, SC
Zip: 29732 Country: USA

4. FEI Number: 03-0376426 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Maury L. OWENS
Street Address (P.O. Box Number is Not Acceptable): 3280 GARCIA DRIVE
City: Tallahassee FL Zip Code: 32308

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: Maury L. OWENS, EXECUTIVE V. PRES. — 4-1-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT	TITLE	EXECUTIVE VICE PRESIDENT
NAME	JONATHAN B. KIDD	NAME	MAURY L. OWENS
STREET ADDRESS	1770 ROSEWELL DRIVE	STREET ADDRESS	3280 GARCIA DRIVE
CITY-ST-ZIP	ROCK HILL, SC 29732	CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jonathan Kidd — 03/31/03 — 803-980-8490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #