

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90508 042 ***158.75

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DOCUMENT # P02000033349

1. Entity Name
K2 GENERAL CONTRACTING, INC.



Principal Place of Business
**2455 JAY JAY ROAD
TITUSVILLE FL 32796**

Mailing Address
**2455 JAY JAY ROAD
TITUSVILLE FL 32796**

2. Principal Place of Business

3. Mailing Address

P.O. Box 56

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Mims, Florida

4. FEI Number

02-0567691

Applied For
Not Applicable

Zip

Country

Zip
32780

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KOHLSCHEEN, JEFFREY L
5435 BOBWHITE TRAIL
MIMS FL 32754**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	KOHLSCHEEN, JEFFREY L	
CITY-ST-ZIP	5435 BOBWHITE TRAIL MIMS FL 32754	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	VIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	JEFFREY L. KOHLSCHEEN	
CITY-ST-ZIP	5435 BOBWHITE TRAIL MIMS, FL. 32754	
TITLE NAME	P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Olga X. KOHLSCHEEN	
CITY-ST-ZIP	5435 BOBWHITE TRAIL MIMS, FL. 32754	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Jeffrey L. Kohlscheen 4/17/03 (321) 267-003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)