

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90849 021 ***150.00

DOCUMENT # P93000055209

1. Entity Name

KIESS, INC.

Principal Place of Business: **1061 SW 111 TERR. DAVIE FL 33324 US**
 Mailing Address: **1061 SW 111 TERR. DAVIE FL 33317-9582 US**

2. Principal Place of Business: **5520 SW 3 ST**
 Suite, Apt. #, etc.: _____
 3. Mailing Address: **SAME**
 Suite, Apt. #, etc.: _____

City & State: **Plantation, FL**
 City & State: _____
 4. FEI Number: **65-0442544** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: **KIESS, MARK 1061 SW 111 TERR. DAVIE FL 33324**
See address change below
 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: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	<input type="checkbox"/> Delete	TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KIESS, MARK	<i>Address change only</i>	NAME: _____	5520 SW 3 ST
STREET ADDRESS: 1061 SW 111 TERR.		STREET ADDRESS: _____	
CITY-ST-ZIP: DAVIE FL 33324		CITY-ST-ZIP: Plantation, FL 33317	
TITLE: VP	<input type="checkbox"/> Delete	TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KIESS, LAURA		NAME: _____	5520 SW 3 ST
STREET ADDRESS: 1061 SW 111 TERR.		STREET ADDRESS: _____	
CITY-ST-ZIP: DAVIE FL 33324		CITY-ST-ZIP: Plantation, FL 33317	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		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.

SIGNATURE: *[Signature]* **4/25/00** **954 327,021**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)