## 2000 UNIFORM BUSINESS REPORT (UBR)

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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## FILED DOCUMENT # **P94000028867** Apr 22, 2000 8:00 am Secretary of State KINTECH MANUFACTURING, INC. 04-22-2000 90048 018 \*\*\*150.00 Principal Place of Business Mailing Address 400 VENTURE DR P.O. BOX 290632 PORT ORANGE FL 32129-0632 SUITE D SOUTH DAYTONA FL 32119 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For FEI Number 59-3238054 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KINION. ELAINE Street Address (P.O. Box Number is Not Acceptable) 981 BRAMBLE BUSH CIRCLE EAST PORT ORANGE FL 32127 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE NAME KINION, ELAINE NAME STREET ADDRESS STREET ADDRESS 981 BRAMBLE BUSH CR E CITY-ST-ZIP CITY-ST-ZIP PT ORANGE FL ☐ Addition ٧S ☐ Delete TITI F ☐ Change NAME KINION. KEVIN NAME STREET ADDRESS STREET ADDRESS 981 BRAMBLE BUSH CR E CITY-ST-ZIP CITY-ST-ZIP PT ORANGE FL ☐ Delete --- Change ☐ Addition TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

CONSEElaine Kinion 4-3-00

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