

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90093 001 ***150.00

0069124

DOCUMENT # 842401

1. Entity Name

K & R PRECISION INSTRUMENTS GMBH, INC.

Principal Place of Business

**1933 PREMIER ROW
 ORLANDO FL 32809**

Mailing Address

**1933 PREMIER ROW
 ORLANDO FL 32809**

020482

2. Principal Place of Business

4315 B S.W. 34th ST.

3. Mailing Address

4315 B S.W. 34th ST.

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32811

Country

USA

Zip

32811

Country

USA

4. FEI Number

59-1779077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

RUEHLEMAN, AXEL

**~~1933 PREMIER ROW~~
~~ORLANDO FL 32809~~**

**4315 B S.W. 34th ST.
 Orlando, FL 32811**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

TITLE **PSTD** ☐ Delete
 NAME **RUEHLEMAN, AXEL**
 STREET ADDRESS **4315 - B 34TH STREET**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☐ Delete
 NAME **RUEHLEMAN, GERHARD**
 STREET ADDRESS **ERLANGERSTRASSE 14**
 CITY-ST-ZIP **UTTENREUTH 91080**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)