

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000003908

1. Entity Name  
KT INDUSTRIES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 FEB 24 PM 3:02

Principal Place of Business  
3925 ARDMORE AVENUE  
FORT WAYNE IN 46802

Mailing Address  
3925 ARDMORE AVENUE  
FORT WAYNE IN 46802



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 35-1639711

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'CONNOR, LAWRENCE J  
302 B-1521 TAMiami TRAIL SOUTH  
VENICE FL 34292

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 SD  
NAME O'CONNOR, LAWRENCE J  
STREET ADDRESS 302 B-1521 TAMiami TRAIL SOUTH  
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400013524484  
CITY-ST-ZIP 03/04/03--01099--017 \*\*200.00

TITLE P  
NAME KRUL, ROBERT  
STREET ADDRESS 530 SHEPPARD ST  
CITY-ST-ZIP WINNIPEG MANITOBA CANADA R2X- 2P8 ☐ Delete

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

TITLE T  
NAME MATTHEWSON, MARK  
STREET ADDRESS 530 SHEPPARD ST  
CITY-ST-ZIP WINNIPEG MANITOBA CANADA R2X- 2P8 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark

Matthewson

Date

Jan 22/03

Daytime Phone #

204-782-3274

CR2E034 (10/02)