

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90263 004 ***150.00

0497498 AV

DOCUMENT # F97000003501

1. Entity Name
KSC (BAHAMAS) INC.

Principal Place of Business
% JANE E. LAMBERSON, C.P.A.
4501 NO. TAMiami TR., STE. 204
NAPLES FL 34103

Mailing Address
% JANE E. LAMBERSON, C.P.A.
4501 NO. TAMiami TR., STE. 204
NAPLES FL 34103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8955 Fontana Del Sol Way
 Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 111419
 Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
98-0169772

Applied For
 Not Applicable

Zip
34109

Zip
34108-0124

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

LAMBERSON, JANE E CPA
4501 NO. TAMiami TR., STE. 204
NAPLES FL 34103

Name
 Street Address (P.O. Box Number is Not Acceptable)
8955 Fontana Del Sol Way
 City **Naples** **FL** Zip Code **34109**

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  **04-22-02**
 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, 2002 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
 NAME **CPST**
 STREET ADDRESS **STEINHAUER, KLAUS**
 CITY-ST-ZIP **SPIESERGASSE 7**
50670 KOELN, GERMANY ☐ Delete

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
 NAME ☐ Change ☐ Addition
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TITLE
 NAME ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)