

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006076

1. Entity Name  
KISTERS KAYAT, INC.

Principal Place of Business

4100 U.S. HWY #1  
EDGEWATER FL 41018

Mailing Address

4100 U.S. HWY #1  
EDGEWATER FL 41018

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 61-1149049

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

WELCH, PETER  
4100 U.S. HIGHWAY #1 SOUTH  
EDGEWATER FL 32141

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, 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
NAME NEAGLE, C A  
STREET ADDRESS 3044 BELLE MEADE LANE  
CITY-ST-ZIP EDGEWOOD KY ☐ Delete

TITLE VSD  
NAME BROOKING, JOHN  
STREET ADDRESS 233 CHAMBERS ROAD  
CITY-ST-ZIP WALTON KY ☐ Delete

TITLE T  
NAME WELCH, PETER  
STREET ADDRESS 6194 HALF MOON DR.  
CITY-ST-ZIP PORT-ORANGE FL 32127 ☐ Delete

TITLE CD  
NAME MARTI, JEAN  
STREET ADDRESS D-47533 KLEVE  
CITY-ST-ZIP GERMANY ☐ Delete

TITLE D  
NAME KORTH, HAROLD  
STREET ADDRESS D-47533 KLEVE  
CITY-ST-ZIP GERMANY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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]* ARE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00  
Date

904-424-0101  
Daytime Phone #

CR2E034 (5/00)