

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000006076

FILED  
Jan 06, 2003  
Secretary of State

Entity Name: KISTERS KAYAT, INC.

## Current Principal Place of Business:

4100 U.S. HWY #1  
EDGEWATER, FL 32141

## New Principal Place of Business:

## Current Mailing Address:

4100 U.S. HWY #1  
EDGEWATER, FL 32141

## New Mailing Address:

FEI Number: 61-1149049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: NEAGLE, C A  
Address: 3044 BELLE MEADE LANE  
City-St-Zip: EDGEWOOD, KY 41017

Title: VSD ( ) Delete  
Name: BROOKING, JOHN  
Address: 233 CHAMBERS ROAD  
City-St-Zip: WALTON, KY 41094

Title: T ( ) Delete  
Name: WELCH, PETER  
Address: 6194 HALF MOON DR.  
City-St-Zip: PORT ORANGE, FL 32127

Title: CD ( ) Delete  
Name: MARTI, JEAN  
Address: D-47533 KLEVE  
City-St-Zip: GERMANY,

Title: D ( ) Delete  
Name: KORTH, HAROLD  
Address: D-47533 KLEVE  
City-St-Zip: GERMANY,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: NEAGLE, C A  
Address: 3044 BELLE MEADE LANE  
City-St-Zip: EDGEWOOD, KY 41017 US

Title: VSD (X) Change ( ) Addition  
Name: BROOKING, JOHN  
Address: 233 CHAMBERS ROAD  
City-St-Zip: WALTON, KY 41094 US

Title: T (X) Change ( ) Addition  
Name: WELCH, PETER  
Address: 6194 HALF MOON DR.  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: CD (X) Change ( ) Addition  
Name: MARTI, JEAN  
Address: D-47533  
City-St-Zip: KLEVE, DE DE

Title: D (X) Change ( ) Addition  
Name: DE KOCK, DEITER  
Address: D-47533  
City-St-Zip: KLEVE, DE DE

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER WELCH

T

01/06/2003

Electronic Signature of Signing Officer or Director

Date