## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 22, 2001 8:00 am Secretary of State DOCUMENT # F9900002207 1. Entity Name **KPG CORPORATION** 01-22-2001 90009 010 \*\*\*158.75 Principal Place of Business Mailing Address 3771 BAY CREEK DRIVE 3771 BAY CREEK DRIVE **BONITA SPRINGS FL 34134** BONITA SPRINGS FL 34134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3516466 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLY, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 3771 BAY CREEK DRIVE **BONITA SPRINGS FL 34134** City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD TITLE ☐ Delete TITLE CR2E034 (10/00) ☐ Addition Change KELLY, RICHARD L NAME NAME 3771 BAY CREEK DRIVE STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL** CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GROSSMAN, NILS NAME NAME C/O BRIGGS & MORGAN, 2400 IDS TOWER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS MN CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

BNATURE AND TYPED OR PRINTED NAME OF SENING OFFICER OR DIRECTOR

RICHARO L. KELLY 1-11-01 941 561 7288