2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # H53768** 1. Entity Name KIEFFER & RAHTER, P.A. 04-03-2001 90061 001 ***150.00 Principal Place of Business Mailing Address 6670 FIRST AVENUE, SOUTH 6670 FIRST AVENUE, SOUTH ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2669767 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAHTER, J. RICHARD Street Address (P.O. Box Number is Not Acceptable) 6670 FIRST AVENUE SO. ST. PETERSBURG FL 33707 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 an Guidalangan dalang dalang at ti dalang dalan Signature, typed or printed name of registered agent and title if applicable. W. (NOTE: Registered Agent signature required when reinstating) 1.31心神经点新增度1747。到超 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition PD Delete TITLE TITLE KIEFFER, JON C. NAME NAME STREET ADDRESS STREET ADDRESS 6670 1ST AVENUE SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Change ☐ Addition SD ☐ Delete TITLE TITLE RAHTER, J. RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 6670 1ST AVENUE SOUTH CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL ___Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

J. Richard Rahter 3/30/01 (727) 344-5788

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Destricts