## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H99200** Apr 04, 2000 8:00 am Secretary of State 1. Entity Name KETTER ENTERPRISES, INC. 04-04-2000 90039 005 \*\*\*150.00 Principal Place of Business Mailing Address 1231 HOLOPAW COURT, SE 1231 HOLOPAW COURT, SE PALM BAY FL 32909 PALM BAY FL 32909-8509 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2956066 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent KETTERMAN, DONALD Street Address (P.O. Box Number is Not Acceptable) 1231 HOLOPAW COURT, SE PALM BAY FL 32909 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 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 11. 12. ☐ Addition ☐ Delete TITLE TITLE KETTERMAN, DONALD R. NAME NAME 1231 HOLOPAW COURT, SE STREET ADDRESS STREET ADDRESS PALM BAY FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete KETTERMAN, DONALD R NAME NAME 1231 HOLOPAW COURT, SE STREET ADDRESS STREET ADDRESS PALM BAY FL CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change 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-7IP

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 of 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: 2

Michelle & Kellexman

3-30-00

#321-984-3049

Daytime Phone #