

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90084 045 ***150.00

AY 0055110

DOCUMENT # J06476

1. Entity Name
KRIEGER PUBLISHING COMPANY

Principal Place of Business Mailing Address
 % CLIFTON A. MCCLELLAND, JR.
 1499 S HARBOR CITY BLVD #201
 MELBOURNE FL 32901-1472 % CLIFTON A. MCCLELLAND, JR.
 1499 S HARBOR CITY BLVD #201
 MELBOURNE FL 32901-1472



2. Principal Place of Business 3. Mailing Address
1725 KRIEGER DRIVE **P.O. BOX 9542**

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
MALABAR, FL **MELBOURNE, FL**

4. FEI Number Applied For
62-1439208 Not Applicable

Zip Country Zip Country
32950 **32902-9542** **\$8.75 Additional Fee Required**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KRIEGER, ROBERT E
1725 KRIEGER DRIVE
MALABAR FL 32950

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 *Robert E. Krieger* **ROBERT E. KRIEGER** **CT** **2/6/02**
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 \$150.00
After May 1, 2002 Fee will be \$550.00
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		<input type="checkbox"/> Delete
TITLE	CT	<input type="checkbox"/> Delete
NAME	KRIEGER, ROBERT E.	
STREET ADDRESS	1725 KRIEGER DR	
CITY-ST-ZIP	MALABAR FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DONALD KRIEGER	
STREET ADDRESS	1725 KRIEGER DR	
CITY-ST-ZIP	MALABAR FL	
TITLE	-SD-	<input type="checkbox"/> Delete
NAME	MAXINE D. KRIEGER	
STREET ADDRESS	1725 KRIEGER DR	
CITY-ST-ZIP	MALABAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERT E. KRIEGER, JR.	
STREET ADDRESS	1725 KRIEGER DR	
CITY-ST-ZIP	MALABAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS KRIEGER	
STREET ADDRESS	1725 KRIEGER DR	
CITY-ST-ZIP	MALABAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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 equipment.

SIGNATURE: *Robert E. Krieger* **ROBERT E. KRIEGER** **CT** **2/6/02** **(321) 724-9542**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)