

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J61106

1. Entity Name

KINETIC STUMP CUTTER, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90160 034 ***158.75

701767



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
5054 E HIGHLAND PINES DR. P.O. BOX 32758
BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33420-2758

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2844958 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLLBERG, RUSSELL E
9054 E. HIGHLAND PINES DR.
PALM BEACH GARDENS FL 33418

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	TITLE	
NAME	MOLLBERG, RUSSELL E. JR.	NAME	
STREET ADDRESS	9054 E. HIGHLAND PINES DR.	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	MOLLBERG, PAUL R.	NAME	
STREET ADDRESS	331 16TH ST S.E.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34151	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	MOLLBERG, RUSSELL J	NAME	
STREET ADDRESS	PO BOX 32758	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33420-2758	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	MOLLBERG, DOROTHEA J.	NAME	
STREET ADDRESS	9054 E HIGHLAND PINES DR	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	ZAUGG, KRISTINE D	NAME	
STREET ADDRESS	133 LAKESIDE CR	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	CITY-ST-ZIP	
TITLE		TITLE	
NAME		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.

SIGNATURE: Russell E. Mollberg Jr. Russell E. Mollberg Jr. Pres. 1-10-2000 (561)776-8697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)