

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90898 023 ***150.00

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DOCUMENT # J85060

1. Entity Name
KEMPER BUILDING COMPANY, INC.



Principal Place of Business
5126 SE FEDERAL HWY
STUART FL 34997

Mailing Address
5126 SE FEDERAL HWY
STUART FL 34997

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2840645**

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

KEMPER, ROBERT J.
793 SW BALMORAL TRACE
STUART FL 34997

Name **ROBERT J. KEMPER**
Street Address (P.O. Box Number is Not Acceptable) **1680 SE CYPRESS GLEN WAY**
City **STUART** **FL** **Zip Code** **34997**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert J. Kemper* **ROBERT J. KEMPER V.P. & TREAS.** **4-11-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VTD** ☐ Delete
NAME **KEMPER, ROBERT J.**
STREET ADDRESS **793 SW BALMORAL TRACE**
CITY-ST-ZIP **STUART FL 34997**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1680 SE CYPRESS GLEN WAY**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **SD** ☐ Delete
NAME **KEMPER, HAZEL ANN**
STREET ADDRESS **793 SW BALMORAL TRACE**
CITY-ST-ZIP **STUART FL 34997**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1680 SE CYPRESS GLEN WAY**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **PD** ☐ Delete
NAME **KEMPER, THOMAS E.**
STREET ADDRESS **3983 SE OLD ST LUCIE BLVD**
CITY-ST-ZIP **STUART FL 34996**

☐ Change ☐ Addition
TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J. Kemper* **ROBERT J. KEMPER** **4-11-03** **772-288-3555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)