FILED Mar 24, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Secretary of State DOCUMENT # K93150 1. Entity Name 03-24-2002 90088 008 \*\*\*150.00 GEROLD KRAUSE CONSTRUCTION, INC. Principal Place of Business Mailing Address 1361 STATE ROAD 4A 1361 STATE ROAD 4A RT. 4. BOX 1208 RT. 4. BOX 1208 LITTLE TORCH KEY FL 33042 LITTLE TORCH KEY FL 33042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0130116 Not Applicable Zip \$8.75 Additional 5.\_Certificate of Status Desired --- [ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRAUSE, GEROLD WILLIAM, JR. Street Address (P.O. Box Number is Not Acceptable) 1361 STATE ROAD 4A SUMMERLAND KEY FL 33042 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition KRAUSE, GEROLD W., JR. NAME : NAME STREET ADDRESS 1361 STATE ROAD 4A STREET ADDRESS LITTLE TORCH KEY FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY - ST-7IP 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

SIGNATURE: