

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015316

1. Entity Name
KTECH INDUSTRIES, LLC

FILED

01 JUL 30 AM 8:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6610 67TH ST. EAST
PALMETTO FL 34221**

Mailing Address
**6610 67TH ST. EAST
PALMETTO FL 34221**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-1061833

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **RON H KNEIFEL / KTECH INDUSTRIES LLC**
Street Address (P.O. Box Number is Not Acceptable)
6610 67TH ST E
City **PALMETTO** FL Zip Code **34221**

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 *Ron H Kniefel*

7-25-2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

400004513494--3
-08/03/01--01005--029
*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OPERATING MANAGER
STREET ADDRESS	6610 67TH ST E
CITY-ST-ZIP	PALMETTO FL 34221
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	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ron H Kniefel* **SIGNATURE REQUIRED**

7-25-2001

(941) 729-7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

DAYTIME PHONE #

CR2E083 (5/01)

STARTLE CHECK HERE