CR2E034 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State DOCUMENT # L35805 1. Entity Name 🍕 🚓 😋 😋 KRS INDUSTRIES, (INC. 3) 04-24-2002 90389 003 ***150 00 SOUTH THEM Principal Place of Business Mailing Address 4402 NW 64TH ST. 4402 NW 64TH ST. COCONUT CREEK FL 33073-1966 COCONUT CREEK FL 33073-1966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0159178 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHULTE, KEITH R Street Address (P.O. Box Number is Not Acceptable) 4402 NW 64TH ST. COCONUT CREEK FL 33073-1966 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be ीं (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP ☐ Delete TITLE Change ☐ Addition SCHULTE, KEITH NAME NAME STREET ADDRESS 4402 NW 64TH ST. STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073-1966 CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete 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: SIGNATURE AND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-10-200 Z

Daytime Phone #