

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000004550**

1. Entity Name

**KONIGSWORT INCORPORATED****FILED****May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90172 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2528 65TH AVENUE, NORTH  
ST. PETERSBURG FL 337022528 65TH AVE N  
ST. PETERSBURG FL 33702-5638  
US

2. Principal Place of Business

7245 34TH AVE. N.

3. Mailing Address

7245 34TH AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>ST. PETERSBURG, FL.</b>		City & State <b>ST. PETERSBURG, FL.</b>		4. FEI Number <b>59-3399582</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33710</b>	Country <b>USA</b>	Zip <b>33710</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**SOROTA, JOSEPH J JR.  
28100 U.S. HIGHWAY 19 NORTH  
SUITE 404  
CLEARWATER FL 34621

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

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMEIER, RICHARD D		NAME		
STREET ADDRESS	2528 65TH AVENUE, NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMEIER, DEBRA A		NAME		
STREET ADDRESS	2528 65TH AVENUE, NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTON, STEPHEN A SR		NAME		
STREET ADDRESS	7245 34TH AVENUE, NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTON, LEIGH A		NAME		
STREET ADDRESS	7245 34TH AVENUE, NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JON K		NAME		
STREET ADDRESS	11677 8TH LANE N APT #4		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILMETH, LENARD		NAME		
STREET ADDRESS	11250 106TH ST N		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34643		CITY-ST-ZIP		

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 617, 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: *Richard D. Neumeier* RICHARD D. NEUMEIER 4-27-00 (727) 345-3873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #