

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90094 027 \*\*\*550.00

**DOCUMENT # P00000083138**

1. Entity Name  
**THE KIES CORPORATION**

Principal Place of Business

**9549 CASTLEFORD POINT  
 ORLANDO FL 32836**

Mailing Address

**9549 CASTLEFORD POINT  
 ORLANDO FL 32836**

2. Principal Place of Business

**2 ALLAPAH AVE**

3. Mailing Address

**P.O. BOX 888**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DAVENPORT - FL**

**DAVENPORT - FL**

4. FEI Number **59-3667923**

Applied For  
 Not Applicable

Zip **33837**

Country

Zip **33836**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MENNINGER, RICHARD M  
 9549 CASTLEFORD POINT  
 ORLANDO FL 32836**

7. Name and Address of New Registered Agent

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

SIGNATURE

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE **PDC** **ALSO SECRETARY** ☐ Delete  
 NAME **MENNINGER, RICHARD M**  
 STREET ADDRESS **9549 CASTLEFORD POINT**  
 CITY-ST-ZIP **ORLANDO FL 32836**  
**AS IN # 12**

TITLE **DVP** ☐ Delete  
 NAME **KIES, GEORGE J**  
 STREET ADDRESS **6519 VOLTAIRE DR**  
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **DVP** ☐ Delete  
 NAME **SCHROEBER, ERIC S**  
 STREET ADDRESS **2 ALLAPAH AVE**  
 CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE **SD** ☒ Delete  
 NAME **MENNINGER, DOROTHY C**  
 STREET ADDRESS **9549 CASTLEFORD PT**  
 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Change ☒ Addition  
 NAME **RICHARD M. MENNINGER**  
 STREET ADDRESS **9549 CASTLEFORD POINT**  
 CITY-ST-ZIP **ORLANDO-FL 32836**

TITLE **DAVID A GILL - DIRECTOR** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS **610 PINK APARTMENT RD.**  
 CITY-ST-ZIP **DAVENPORT-FL 33836**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard M. Menninger**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/11/02 863-419-1141**  
**RICHARD M. MENNINGER**  
 Date Daytime Phone #

CR2E034 (4/02)