## **FILED** Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90276 010 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 1. Entity Name

K.B. KNIPSCHILD CO., INC.

Principal Place of Business

Mailing Address

P00000115584

4717 NAVASSA LANE NAPLES FL 34119			4717 NAVASSA LANE NAPLES FL 34119							AN E E E E E E
2. Principal Place of Business			3. Mailing Address				i ilitikan ili matti addır detti sattı sa	181 11861 118	At Ariai Airai i	#111 #1#1 1##1
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State		<b>4.</b> F	El Number <b>59-3688107</b>			olied For Applicable	
Zip Country			Zip	try	<b>5.</b> C	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name and Address				7. N	7. Name and Address of New Registered Agent				
•	<u> </u>				-	-				
KNIPSCHILD, KEN			Street			ddress (P.O. Box Number is Not Acceptable)				
4717 NAVASSA LANE										<u> </u>
NAPLES F	L 34119									
					City			FL	Zip Code	1
A The above	named entity submits this s	statement for th	e purpose of changing its	register	t- ed office or reg	istered age	ent, or both, in the State of Florida	i.		
o. me above	named entry submite the v	otatorno il ror il	e parpara ar arrangang na	J	<b>-</b>	, ,				}
SIGNATURE .										
	Signature, typed or printed name of r	egistered agent and	title if applicable. (NOTI	E: Registere	d Agent signature re	equired when re	instating)	DATE		
9. This corporation is eligible to satisfy its Intangible			FILE NOW!!! FEE IS \$150				10. Election Campaign Financ	ing	\$5.0	0 May Be
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002 Fee to Make Check Payable to De				Trust Fund Contribution.			to Fees	
				epartinent of		DITIONS/CHANGES TO OFFICE	ONA 29	UBECTORS	UN 11	
11.	D	CERS AND DI	Delete	12. TITL	F		DITIONO/OFFANGES TO OFFICE		☐ Change	Addition
TITLE NAME	KNIPSCHILD, KEN		□ Delete	NAM					_ `	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #