

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90185 007 \*\*\*150.00

**DOCUMENT # P01000002666**

1. Entity Name

**KAMMERER ENTERPRISES, INC.**



Principal Place of Business

**3 HARBOR POINT PL  
SAFETY HARBOR FL 34695**

Mailing Address

**3 HARBOR POINT PL  
SAFETY HARBOR FL 34695**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3690646**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**KAMMERER, DIANA J  
3 HARBOR POINT PL  
SAFETY HARBOR FL 34695**

**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

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
NAME **D KAMMERER, RONALD T**  
STREET ADDRESS **3 HARBOR POINT PL**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ Delete  
NAME **D KAMMERER, DIANA J**  
STREET ADDRESS **3 HARBOR POINT PL**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

*Ronald T. Kammerer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/28/03 (727) 725-5954**  
Date Daytime Phone #

CR2E034 (4/03)

Attachment #

80142644

PO1000002666

8/28/03

TO WHOM IT MAY CONCERN

THIS UBC REPORT WAS RECEIVED IN OUR  
BUSINESS OFFICE AT THE END OF JUNE 2003.

I REGRET THAT I WAS WORKING IN  
PHOENIX ARIZONA AND JUST RETURNED HOME  
IN AUGUST 26, 2003. I HAD BEEN THERE  
FOR 5 MONTHS. DIANA MY WIFE WAS WITH  
HER FIL MOM IN HAWAII FOR THE SAME MONTH  
OF JUNE 2003.

THIS WAS THE FIRST NOTICE WE RECEIVED  
AND WAS FILED WITH THY PAPERS BY THE  
INDIVIDUAL TAKING CARE OF MY MAIL.

I ALWAYS FILE AND PAY MY REPORTS ON  
TIME. PLEASE ACCEPT MY ISO<sup>3</sup> AND WAIVE  
ANY LATE CHARGES IF YOU CAN UNDERSTAND  
MY DILEMMA.

Respectfully Yours

P.S. IF ANY PROBLEMS  
PLEASE CALL ME.

For Kimball  
3 Harbor Point Pl  
SAFETY HARBOR, FL 34695  
(727) 725-5954