

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

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90133 042 \*\*\*150.00

**DOCUMENT # P01000022042**

1. Entity Name  
**KIRSCHER INDUSTRIES, INC.**



Principal Place of Business  
**5295 BOX TURTLE CIRCLE  
SARASOTA FL 34232**

Mailing Address  
**5295 BOX TURTLE CIRCLE  
SARASOTA FL 34232**



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 **65-1092288**

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

**KIRSCHER, ROBERT A  
210 VENIDA MEDERA  
SIESTA VILLAGE FL 34242**

*Address Change*

7. Name and Address of New Registered Agent

Name

**Robert A. Kirscher**

Street Address (P.O. Box Number is Not Acceptable)  
**5295 Box Turtle Circle**

**Sarasota, FL 34232**

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 *Robert A. Kirscher*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Robert A. Kirscher*

*3/9/03*

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KIRSCHER, ROBERT A</b>	
STREET ADDRESS	<b>5295 BOX TURTLE CIRCLE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LIEURANCE, PAMELA</b>	
STREET ADDRESS	<b>5295 BOX TURTLE CIRCLE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:

*Robert A. Kirscher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/11/03*

*941 346 2750*

Date

Daytime Phone #

CR2E034 (10/02)