

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

DOCUMENT # **P01000083788**

1. Entity Name
KRISTMANN DESIGN GROUP, INC.



Principal Place of Business
1617 S ALANTIC AVE
COCOA BEACH FL 32931

Mailing Address
1617 BAYSHORE DRIVE
COCOA FL 32931

2. Principal Place of Business

4881 North AIA
Suite, Apt. #, etc.
Vero Beach, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3740910

Applied For

Not Applicable

Zip **32963** Country **St. Lucia**

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOOD, THEODORE P
1617 BAYSHORE DRIVE
COCOA FL 32931**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **KRIS**
NAME **TMANN, NICHOLE G**
STREET ADDRESS **1617 BAYSHORE DRIVE**
CITY-ST-ZIP **COCOA FL 32931**

Delete

TITLE **V**
NAME **D. Fabian Kristmann (Coonald)**
STREET ADDRESS **1617 Bayshore Dr.**
CITY-ST-ZIP **Cocoa Beach, FL 32931**

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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:

D. Fabian Kristmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Mar 10, 2003 8:00 am
Secretary of State**

03-10-2003 90731 001 ***150.00



CHECK HERE IF MAKING CHANGES

10/2003
AV

CR2E034 (10/02)

3/7/03

772-234-8578

Date

Daytime Phone #