

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-10-2003 90731 001 ***150.00

0126/07 AV

DOCUMENT # P01000083788

1. Entity Name
KRISTMANN DESIGN GROUP, INC.



Principal Place of Business
**1617 S ATLANTIC AVE
COCOA BEACH FL 32931**

Mailing Address
**1617 BAYSHORE DRIVE
COCOA FL 32931**



2. Principal Place of Business

4881 North A1A

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Vero Beach, FL

City & State

City & State

Zip
32963

Country
St. Lucie

Zip

Country

4. FEI Number
59-3740910

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (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
NAME
STREET ADDRESS
CITY-ST-ZIP
**KRIS
TMANN, NICHOLE G
1617 BAYSHORE DRIVE
COCOA FL 32931** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D. Fabian Kristmann (Donald)
1617 Bayshore Dr.
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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03
Date

772-234-8578
Daytime Phone #

CR2E034 (10/02)