2003 **FOR PROFIT CORPORATION** 2002
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State
03-04-2003 90070 004 ***150.00

DOCUMENT # P02000023143

1. Entity Name
KTS Technologies, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5125 Castello Dr.	5125 Castello Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL.	City & State: Naples, FL
Zip: 34103 Country	Zip: 34103 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 03-0399822 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joe Miller
Street Address (P.O. Box Number is Not Acceptable): 5125 Castello Dr.
City: Naples FL Zip Code: 34103

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 ____________________ 2-6-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P	TITLE	
NAME	MOORE, TED	NAME	
STREET ADDRESS	973 E. 130th DR.	STREET ADDRESS	
CITY-ST-ZIP	THORNTON, CO. 80241	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Lisa Moore	NAME	
STREET ADDRESS	973 East 130th Dr	STREET ADDRESS	
CITY-ST-ZIP	Thornton, CO 80241	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 2-27-03 303 870-6049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #