

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90108 034 ***150.00

DOCUMENT # P02000033281

1. Entity Name
KRINGS WORLDWIDE CONSULTANCY, INC.



Principal Place of Business
C/O ARNOLD PETER KRINGS ROYAL SAXON
2840 S. OCEAN BLVD. #518
PALM BEACH FL 33480

Mailing Address
C/O ARNOLD PETER KRINGS ROYAL SAXON
2840 S. OCEAN BLVD. #518
PALM BEACH FL 33480



2. Principal Place of Business
A. Peter Krings

3. Mailing Address
A. Peter Krings

Suite, Apt. #, etc.
3300 S. OCEAN BLVD #406N

Suite, Apt. #, etc.
3300 S. OCEAN BLVD #406N

City & State
PALM BEACH

City & State
PALM BEACH

4. FEI Number
02-0575858

Applied For
Not Applicable

☒ CHECK HERE IF MAKING CHANGES

Zip
FL 33480-6655

Country
U.S.A.

FL Zip
33480-6655

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

GART, DAVID A ESQ.
250 AUSTRALIAN AVENUE SOUTH
SUITE 500
WEST PALM BEACH FL 33401

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

TITLE **D** ☒ Delete
NAME **KRINGS, ARNOLD P**
STREET ADDRESS **2840 S. OCEAN BLVD. #518**
CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **KRINGS ARNOLD Peter**
STREET ADDRESS **3300 S. OCEAN BLVD # 406 N**
CITY-ST-ZIP **PALM BEACH FL 33480**

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

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

ARNOLD PETER KRINGS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-2003

Date

561-540-8021
Daytime Phone #

CR2E034 (10/02)