

# 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 33480-6555**

Country  
**U.S.A.**

FL Zip  
**33480-6555**

Country  
**U.S.A.**

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**

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

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KRINGS, ARNOLD P</b>	
STREET ADDRESS	<b>2840 S. OCEAN BLVD. #518</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRINGS ARNOLD Peter</b>	
STREET ADDRESS	<b>3300 S. OCEAN BLVD # 406 N</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-06-2003**

Date

**561-540-8021**

Daytime Phone #

CR2E034 (10/02)