

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P-02000069370**

1. Entity Name

KNIPPRATH INC.



FILED

03 APR 30 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1525 - 23rd ST. S.W.

3. Mailing Address

1525 - 23rd ST. S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples FL.

City & State

Naples FL.

4. FEI Number

35-2172438

Applied For

Not Applicable

Zip

34117

Country

USA

Zip

34117

Country

USA

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

STEVEN P. KNIPPRATH

Street Address (P.O. Box Number is Not Acceptable)

1525 - 23rd ST. S.W.

City

Naples

FL

Zip Code

34117

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP

(PD.)
STEVEN P. KNIPPRATH
1525 - 23rd ST. S.W.
Naples FL. 34117

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100017340281
04/30/03--01006--013 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

(Sec.)
LAZARO OJEDA
5256 28th Pl. S.W.
Naples FL. 34116

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

(TRES.)
JUAN MONROY
7301 CAPTIVAN BUD.
FT. MYERS FL. 33901

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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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: **X Steven P. Knipp Rath** (Steve Knipp Rath) 4/25/03 (239-348-7177)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)