


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

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90057 049 ***158.75

DOCUMENT # P03000005737	
1. Entity Name Kinder Konsulting Inc.	

DO NOT WRITE IN THIS SPACE

94032802

2. Principal Place of Business 2615 Verona Trail Suite, Apt. #, etc	3. Mailing Address 2615 Verona Trail Suite, Apt. #, etc
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DO NOT WRITE IN THIS SPACE

City & State Winter Park, Florida	City & State Winter Park, Florida	4. FEI Number 113674179	Applied For <input type="checkbox"/> Not Applicable
Zip 32789	Country USA	Zip 32789	Country USA
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Uschi Chloe Schueller
Street Address (P.O. Box Number is Not Acceptable) 2615 Verona Trail
City Winter Park FL Zip Code 32789

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 _____ (NOT: Registered Agent Signature required when reissuing) 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	P Katherine Palceski 742 Granville Drive Winter Park, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Uschi Chloe Schueller 2615 Verona Trail Winter Park, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Katherine Palceski 3-10-04 (727) 643-0455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)