

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 90556 024 \*\*\*150.00

**DOCUMENT # P93000040937**

1. Entity Name  
**KISSINGER CONSTRUCTION, INC.**

Principal Place of Business

**11 EDWARD AVENUE  
 LEHIGH ACRES FL 33972  
 US**

Mailing Address

**11 EDWARD AVENUE  
 LEHIGH ACRES FL 33972  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**217 GREENWOOD AVE**

Suite, Apt. #, etc.

**Lehigh ACRES FL**

City & State

**Lehigh ACRES FL.**

Zip **33972**

Country **Lee**

3. Mailing Address

**217 GREENWOOD AVE**

Suite, Apt. #, etc.

City & State

**Lehigh ACRES FL**

Zip **33972**

Country **Lee**

4. FEI Number

**65-0428990**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KISSINGER, ROBERT J**

**11 EDWARD AVENUE**

**LEHIGH ACRES FL 33972**

7. Name and Address of New Registered Agent

Name

**KISSINGER, ROBERT J**

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

**217 GREENWOOD AVE**

City

**Lehigh ACRES**

**FL**

Zip Code

**33972**

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.

SIGNATURE **Robert J. Kissinger** **ROBERT J. KISSINGER PRESIDENT** **4/26/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KISSINGER, ROBERT J	11 EDWARD AVENUE	LEHIGH ACRES FL	<input type="checkbox"/>
D	KISSINGER, GARY S	11 EDWARD AVENUE	LEHIGH ACRES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	KISSINGER, ROBERT J	217 GREENWOOD AVE	Lehigh ACRES FL	<input type="checkbox"/>	<input type="checkbox"/>
D	KISSINGER, GARY S	217 GREENWOOD AVE	Lehigh ACRES FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert J. Kissinger** **ROBERT J. KISSINGER PRESIDENT** **4/26/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)