

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000043940

1. Entity Name

KWP FLORIDA 2005, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90243 016 ***150.00

Principal Place of Business

616 NISSON LAJAS DR
LEHIGH ACRES FL 33936
US

Mailing Address

743 MIRROR LAKES DR
LEHIGH ACRES FL 33936-9780
US

2. Principal Place of Business

25 Homestead Rd. N.

Suite, Apt. #, etc.

Suite 11

City & State

Lehigh Acres, FL

Zip 33936

Country

USA

3. Mailing Address

25 Homestead Rd. N.

Suite, Apt. #, etc.

Suite 11

City & State

Lehigh Acres, FL

Zip

33936

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0583463

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

MORGAN, JOHN M
302 LEE BLVD SUITE 102
LEHIGH ACRES FL 33936

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

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, 2000 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
DP	WALLNER, KLAUS	WALKUEREN STRASSE 36	82110 GERMERING, GERMANY	<input type="checkbox"/>
DVP	STERR, GERHARD	GERNER STRASSE 7	80638 MUNICH, GERMANY	<input type="checkbox"/>
VP	MORGAN, JOHN M	302 LEE BLVD, SUITE 102	LEHIGH ACRES FL	<input type="checkbox"/>
S	HILDEGARD, GOERTZ	743 MIRROR LAKES DR	LEHIGH ACRES FL 33936-9780	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12.

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)