

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**



1. Entity Name  
**KURT E. RONSTROM, INC.**

Principal Place of Business	Mailing Address
8708 COMMERCE ST	8708 COMMERCE ST
BLDG C #4	BLDG C #4
CAPE CANAVERAL FL 32920	CAPE CANAVERAL FL 32920
US	US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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<b>RONSTROM, KURT E</b> <b>8708 COMMERCE ST</b> <b>CAPE CANAVERAL FL 32920</b>	Name
	Street Address
	City

4. FEI Number	59-3335811	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

(P.O. Box Number is Not Acceptable)

FL	Zip Code
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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 \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2003, Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>	<p><b>9: Election Campaign Financing</b>  <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be</b>  <b>Added to Fees</b></p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>D</b> <b>RONSTROM, KURT E</b> <b>8708 COMMERCE ST</b> <b>CAPE CANAVERAL FL 32920</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 ones like empowered.

SIGNATURE: [Signature] 03/10/03 321-258-1608  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)