2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P95000084373 Apr 21, 2000 8:00 am 1. Entity Name KMS THIN TAB 100, INC. **Secretary of State** 04-21-2000 90003 001 ***150.00 Mailing Address Principal Place of Business 517 27TH STREET 517 27TH STREET WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407-5458 2. Principal Place of Business 3. Mailing Address 8390 8390 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. # 5 #5 Applied For City & State 4. FEI Number City & State 65-0623085 Not Applicable West Palm Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 404 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERBERT BRVANT JANSSEN, BENNO Street Address (P.O. Box Number is Not Acceptable) 432 30 STREET WEST PALM BEACH FL 33407 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. n TITLE Change Addition TITLE ☐ Delete Benno, Janssen III 8390 Corrency Drive, #5 Janssen, Benno III NAME NAME STREET ADDRESS STREET ADDRESS 517 27TH STREET West Palm CITY-ST-ZIP FL 33404 CITY-ST-ZIP WEST PALM BEACH FL 33407 Beach. TITLE ☐ Delete TITLE BRYANT BRYANT, HERBERT HERBERT NAME NAME 8390 COLLENCY 517 27TH STREET STREET ADDRESS STREET ADDRESS FL 33404 CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33407 TITLE TITLE ☐ Delete 8390 Currency NAME NAME Drive #5 STREET ADDRESS STREET ADDRESS West Palm Beach, FL 33404 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Keith M. Sping Drive #5 NAME NAME 8390 Currency STREET ADDRESS STREET ADDRESS CITY-ST-ZIP West Palm CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 with all other like empowered. changed, or on an attachment with a address