2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9600002572 Feb 16, 2000 8:00 am **Secretary of State** KIPPRO ENGINEERING, INC. 02-16-2000 90026 047 ***150.00 Principal Place of Business Mailing Address 7824 POINTVIEW CIRCLE 7824 POINTVIEW CIRCLE ORLANDO FL 32836 ORLANDO FL 32836-6350 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3353125 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name PROTO, GEORGE F Street Address (P.O. Box Number is Not Acceptable) 7824 POINTVIEW CIRCLE ORLANDO FL 32836 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE PROTO: GEORGE F NAME NAME STREET ADDRESS 7824 POINTVIEW CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 Change ☐ Addition ☐ Delete TITLE PROTO, CHRISTINE M NAME NAME 7824 POINTVIEW CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7/P ORLANDO FL 32836 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE KIP, PAUL M NAME NAME 1903 CARRIAGE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33567 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE KIP, JUDITH H NAME NAME 1903 CARRIAGE COURT STREET ADDRESS STREET ADDRESS PLANT CITY FL 33567 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE KIP, ANDREW P. NAME NAME STREET ADDRESS 8635 TARA PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

changed, or on an attachment with

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

an address, with all other like empowered

1-29-00

407-352-753

Daytime Phone #