

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054672

1. Entity Name

KEMNA DRUCK KAMEN, INC.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90029 013 \*\*\*550.00

Principal Place of Business

59174 KAMEN  
GERMANY

Mailing Address

59174 KAMEN  
GERMANY

2. Principal Place of Business

KAMEN

3. Mailing Address

KAMEN

Suite, Apt. #, etc.

GUTENBERGSTR. 6-8

Suite, Apt. #, etc.

GUTENBERGSTR. 6-8

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3449558

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

Zip  
69174

Country

Germany

Zip

59174

Country

6. Name and Address of Current Registered Agent

KEMNA, KARL A  
2100 N ATLANTIC AVE  
UNIT 308  
COCOA BEACH FL 32931  
COCOA

7. Name and Address of New Registered Agent

Name

KEMNA KARL A

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

2100 N ATLANTIC AVE  
UNIT 308

City

COCOA BEACH

FL

Zip Code

32931

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

KARL KEMNA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Mark R. Miller*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	P	<input type="checkbox"/> Delete
NAME	KEMNA, KARL A	
STREET ADDRESS	6-8 59174 KAMEN	
CITY-ST-ZIP	GERMANY	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEMNA-HECKMANN, SABINE	
STREET ADDRESS	GUTENBERGSTRASSE 6-8 59174 KAMEN	
CITY-ST-ZIP	GERMANY	
TITLE	S	<input type="checkbox"/> Delete
NAME	KEMNA, FRANK	
STREET ADDRESS	GUTENBERGSTRASSE 6-8 59174 KAMEN	
CITY-ST-ZIP	GERMANY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEMNA STEFAN	
STREET ADDRESS	LINDENSTRASSE 10	
CITY-ST-ZIP	59387 ASCHBERG	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mark R. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-2000

Date

Daytime Phone #

02307925520

CR2E034 (5/00)