

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093512

1. Entity Name

KIOSK COMMUNICATIONS, INC.

FILED

May 07, 2000 8:00 am
Secretary of State

05-07-2000 90032 037 ***150.00

Principal Place of Business

Mailing Address

1120 ENTERPRISE
HOLLY HILL FL 32117
US

1120 ENTERPRISE
HOLLY HILL FL 32117-2692
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3476394

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

KERSENBROCK, PAUL H
4101 LINDY CIRCLE, SUITE 8
ORLANDO FL 32824

Name Paul H. Kersensbrock
Street Address (P.O. Box Number is Not Acceptable)
1120 ENTERPRISE COURT
City Holly Hill FL Zip Code 32117

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

Paul H. Kersensbrock
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Paul H. Kersensbrock
Signature, typed or printed name of registered agent and title if applicable

4/19/2000
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME KERSENBROCK, PAUL H
STREET ADDRESS 4101 LINDY CIRCLE, SUITE 8
CITY-ST-ZIP ORLANDO FL 32824

TITLE DIRECTOR ☒ Change ☐ Addition
NAME PAUL H. KERSENBROCK
STREET ADDRESS 1120 ENTERPRISE COURT
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE JD ☒ Delete
NAME GORDON, ROBERT
STREET ADDRESS 4101 LINDY CIRCLE
CITY-ST-ZIP ORLANDO FL 32827

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Paul H. Kersensbrock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000
Date

904-258-6993
Daytime Phone #

CR20004 (01/00)