

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90003 048 \*\*\*150.00

**DOCUMENT # P98000005029**

1. Entity Name  
**KOMPRESS, INC.**

*R*

Principal Place of Business: 820 NE 24TH LANE #105 CAPE CORAL FL 33909  
 Mailing Address: 820 NE 24TH LANE #105 CAPE CORAL FL 33909



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0830961</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>LEVY, KIM ESQ</b> <b>2110 CLEVELAND AVENUE</b> <b>FORT MYERS FL 33901</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIGGS, ALAN DAVID</b>		NAME		
STREET ADDRESS	<b>LITTLE TENNIS STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NOTTINGHAM NG2 4EL UK</b>		CITY-ST-ZIP		
TITLE	<b>VPTD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURTIS, RICHARD STEVEN</b>		NAME		
STREET ADDRESS	<b>LITTLE TENNIS STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NOTTINGHAM NG2 4EL UK</b>		CITY-ST-ZIP		
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARELL, LARS G</b>		NAME		
STREET ADDRESS	<b>221 N.E. 10TH TERRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ALAN SIGGS PRESIDENT* **SIGNATURE REQUIRED** 7-15-00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
D# P98000005029  
DW73754

Krater & Associates, LLC  
1109 Del Prado Blvd. #15  
Cape Coral, FL 33990  
(941) 574-1040 ♦♦♦ Fax (941)574-8817

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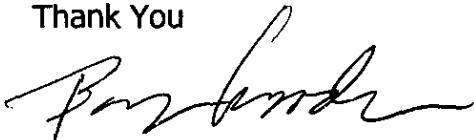
FLORIDA DEPT OF STATE  
UNIFORM BUSINESS REPORT  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

Enclosed is the completed "second notice" UBR for KOMPRESS INC.  
The first report was never received and since this Corporation was just formed in  
October of last year the taxpayer was not really aware that this report had to be  
filed by May 1.

It is interesting to note that I have 3 other clients that did not receive the first  
report.

Enclosed is a check for \$150 . We respectfully request that you waive the penalty  
in light of the circumstances.

Thank You



Barry Woodrow EA