2003 FOR PROFIT CORPORATION

Mar 20, 2003 8:00 am & Secretary of State **UNIFORM BUSINESS REPORT (UBR** P98000010430 DOCUMENT # 1. Entity Name 03-20-2003 90162 022 ***150.00 KIPPENBERGER & ASSOCIATES, INC. Mailing Address Principal Place of Business 17 RIO VISTA DR. 17 RIO VISTA DR. TEQUESTA FL 33469 TEQUESTA FL 33469 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 65-0813373 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIPPENBERGER, JACK E Street Address (P.O. Box Number is Not Acceptable) 17 RIO VISTA DR. TEQUESTA FL 33469 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Delete TITLE TITLE KIPPENBERGER, JACK E NAME NAME 17 RIO VISTA DR. STREET ADDRESS STREET ADDRESS **TEQUESTA FL 33469** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

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 of rustee empowered by expected the corporation of the receiver of rustee empowered by the corporation of the receiver of rustee empowered by the corporation of the receiver of rustee empowered by the corporation of the receiver of rustee empowered by the corporation of the receiver of rustee empowered by the corporation of the receiver of rustee empowered by the corporation of the receiver of rustee empowered by the corporation of the receiver of rustee empowered by the corporation of the receiver of rustee empowered by the corporation of the receiver of rustee empowered by the rustee empower of the r of the corporation or the receive changed, or on an attachment

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED