

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90016 013 \*\*\*150.00

**DOCUMENT # P98000018537**

1. Entity Name

**KRIEGER FINANCIAL SERVICES, INC.**

Principal Place of Business

Mailing Address

1845 SOUTH FEDERAL HIGHWAY  
 SUITE 350  
 DELRAY BEACH FL 33483

1845 SOUTH FEDERAL HIGHWAY  
 SUITE 350  
 DELRAY BEACH FL 33483-3320

2. Principal Place of Business

3. Mailing Address

1801 South Federal Hwy  
 Suite, Apt. #, etc.  
 100

1801 South Federal Hwy  
 Suite, Apt. #, etc.  
 100

City & State

City & State

Delray Bch

Delray Bch

Zip  
 33483

Country  
 Palm Beach

Zip  
 33483

Country  
 Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0814668

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

Madey  
~~MADEY~~ JOHN  
 KRIEGER FINANCIAL SERVICES, INC  
 1845 S FEDERAL HWY STE 350  
 DELRAY BEACH FL 33483

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*John Madey* John Madey, CFO 1/10/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KREIGER, PETER 1845 SOUTH FEDERAL HIGHWAY DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MADEY, JOHN 1845 S FEDERAL HWY DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV FIR, ANDRE 1845 S FEDERAL HWY DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Madey* CFO

Date

1/10/00

Daytime Phone #

561-278-2011

CR2E034 (9/99)