2000 UNIFORM BUSINESS REPORT (UBR)

Jan 19, 2000 8:00 am Secretary of State DOCUMENT # **P98000018537** KRIEGER FINANCIAL SERVICES, INC. 01-19-2000 90016 013 ***150.00 Principal Place of Business Mailing Address 1845 SOUTH FEDERAL HIGHWAY 1845 SOUTH FEDERAL HIGHWAY SUITE 350 SUITE 350 DELRAY BEACH FL 33483-3320 DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address 1801 South 801 So. Hh Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 00 4. FEI Number Applied For 65-0814668 Not Applicable \$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 Madey MADRY, JOHN Street Address (P.O. Box Number is Not Acceptable) KRIEGER FINANCIAL SERVICES, INC 1845 S FEDERAL HWY STE 350 **DELRAY BEACH FL 33483** Zip Code 8. The above named eg is statement f the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE KREIGER, PETER NAME NAME STREET ADDRESS 1845 SOUTH FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **DELRAY BEACH FL 33483** ☐ Change ☐ Addition Delete TITLE TITLE MADEY, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 1845 S FEDERAL HWY CITY-ST-ZIP CITY-ST-7IP **DELRAY BEACH FL 33483** SV ☐ Addition Change TITLE □ Delete TITLE FIR, ANDRE NAME NAME 1845 S FEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DELRAY BEACH FL 33483** Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME

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 stustee expowered 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 scherolike empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1000

561-278-2011

Daytime Phone #

FILED