

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040855

1. Entity Name

KIRSCHNER CORPORATION

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90053 017 ***150.00

Principal Place of Business

3804 BROOKSWORTH AVE
TARPON SPRINGS FL 34689

Mailing Address

3804 BROOKSWORTH AVE
TARPON SPRINGS FL 34689-7706

2. Principal Place of Business

114 East Tarpon Ave
Suite, Apt. #, etc.

3. Mailing Address

114 East Tarpon Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tarpon Springs
34689 FL/Pinellas

City & State

Tarpon Springs
34689 FL/Pinellas

4. FEI Number

59-2553961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRSCHNER, UWE
3804 BROOKSWORTH AVE
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name Kirschner, Uwe

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

1002 Kingway Ln.

City Tarpon Springs FL

Zip Code 34689

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] Kirschner

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

(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) ☐

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

TITLE D ☐ Delete
NAME KIRSCHNER, UWE
STREET ADDRESS 3804 BROOKSWORTH AVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☐ Delete
NAME KIRSCHNER, HELGA
STREET ADDRESS 3804 BROOKSWORTH AVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Kirschner, Uwe ☒ Change ☐ Addition
NAME 1002 Kingway Ln
STREET ADDRESS Tarpon Springs, FL 34689
CITY-ST-ZIP

TITLE Kirschner, Helga ☒ Change ☐ Addition
NAME 1002 Kingway Ln
STREET ADDRESS Tarpon Springs, FL 34689
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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:

[Signature] Kirschner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #