

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041256

1. Entity Name

KAISER BUSINESS CONSULTANTS, INC.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90271 036 ***150.00

Principal Place of Business

574 ORANGE DR.
UNIT 77
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

574 ORANGE DR.
UNIT 77
ALTAMONTE SPRINGS FL 32701
US

2. Principal Place of Business

3300 FOX CHASE CIRCLE N.

3. Mailing Address

3300 FOX CHASE CIRCLE N

Suite, Apt. #, etc.

UNIT #199

Suite, Apt. #, etc.

UNIT #199

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

Zip

34683

Country

USA

Zip

34683

Country

USA

4. FEI Number

59-3517279

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

KAISER, DARREN

574 ORANGE DR UNIT 77

APT 106

ALTAMONTE SPRINGS FL 32701

Name

KAISER, DARREN

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

3300 FOX CHASE CIRCLE N

UNIT #199

CITY PALM HARBOR

FL

Zip Code 34683

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 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, 2001 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 PD ☐ Delete
NAME KAISER, DARREN
STREET ADDRESS 574 ORANGE DRIVE #77
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE PD ☒ Change ☐ Addition
NAME DARREN KAISER
STREET ADDRESS 3300 FOX CHASE CIRCLE N, UNIT #199
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)