

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90308 029 ***150.00

DOCUMENT # P98000053016

1. Entity Name
KRUSE CORPORATION

Principal Place of Business
**1639 E. CAPE CORAL PARKWAY EAST
 SUITE 103
 CAPE CORAL FL 33904**

Mailing Address
**1639 E. CAPE CORAL PARKWAY EAST
 SUITE 103
 CAPE CORAL FL 33904**

2. Principal Place of Business

1411 Cape Coral Pkwy E
 Suite, Apt. #, etc.

3. Mailing Address

1411 Cape Coral Pkwy E
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Cape Coral, FL
 Zip
33904
 Country
USA

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4. FEI Number **65-0841025**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WRIGHT, CHRISTINE F ESQ.
 1105 CAPE CORAL PARKWAY EAST
 SUITE C
 CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name **Beverly Parys**
 Street Address (P.O. Box Number is Not Acceptable)
1411 Cape Coral Pkwy E
 City **Cape Coral** FL Zip Code **33904**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUSE, BERND LEIPZIGERSTR.6, D-64839 MUENSTER, GERMANY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GLUECK-KRUSE, GUDRUN LEIPZIGERSTR. 6, D-64839 MUENSTER, GERMANY	<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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

CR2E034 (10/00)