

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082097

1. Entity Name

KERN-HAUS AMERICA, CORP.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90088 016 ***150.00

Principal Place of Business

Mailing Address

1505 SE 40TH ST.

1505 SE 40TH ST.

STE. C

STE. C

CAPE CORAL FL 33904

CAPE CORAL FL 33904-7913

2. Principal Place of Business

3. Mailing Address

28000 SPANISH WELLS

P.O. Box 279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLVD

City & State

BONITA SPRINGS, FL

Zip

34135

Country

City & State

BONITA SPRINGS, FL

Zip

34133

Country

4. FEI Number

65-0864006

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

H.S. BLAIR & ASSOCIATES, INC.

1505 SE 40TH ST.

STE. C

CAPE CORAL FL 33904

Name

JAMES AMBURN

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

1505 SE 40th Street

Suite C

City

CAPE CORAL

FL

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, 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	PTD	<input checked="" type="checkbox"/> Delete
NAME	BECKER, HAROLD	
STREET ADDRESS	424 SW 37TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HILLE, HEINZ-DIETER	
STREET ADDRESS	424 SW 37TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DEROUEN, SHELLEY A	
STREET ADDRESS	1953 COLONIAL BLVD	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIQUUS KERN	
STREET ADDRESS	424 SW 37TH TERR	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFGANG BASS	
STREET ADDRESS	424 SW 37TH TERR	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD BECKER	
STREET ADDRESS	424 SW 37TH TERR	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Bass	
STREET ADDRESS	424 SW 37th Terr	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

941-992-3355

Daytime Phone #