Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 20, 2001 8:00 am DOCUMENT # P98000098256 **Secretary of State** 1. Entity Name KERN-HAUS BUILDING SYSTEMS CORPORATION 03-20-2001 90058 042 ***150.00 Principal Place of Business Mailing Address PO BOX 279 %777 LANTANA ROAD LANTANA FL 33462 BONITA SPRINGS FL 34133 817758 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0878573 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **EURO-AMERICAN FINANCIAL SERVICES** Street Address (P.O. Box Number is Not Acceptable) 28000 SPANISH WELLS BLVD **BONITA SPRINGS FL 34135** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D Addition TITLE Delete TITLE ☐ Change KERN, KLAUS NAME NAME STREET ADDRESS AM HIMMELFELD 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 56410 MONTABAUR, GERMANY TITLE Delete TITLE Change ☐ Addition BASS, WOLFGANG NAME NAME STREET ADDRESS STREET ADDRESS **AHNORNWEG 11** CITY-ST-7IP CITY-ST-ZIP 89551 KONIGSBRONN, GERMANY - Delete Change Addition TITLE HILLE, H. DIETER NAME NAME STREET ADDRESS **OSTENBERGSTRASSE 18** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 31084 FREDEN, GERMANY TITLE ☐ Delete TITLE 5 ☐ Change Addition NAME NAME MICHAEL BASS HEIDENHEIMER STR 145 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 89520 HEIDEN HEMI GERMANY ☐ Delete TITLE ☐ Change ☐ Addition 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-7IP 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 suppliemental report is the 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 trusted employered 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.