## 2003 FOR PROFIT CORPORATION

Apr 14, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P98000103331 DOCUMENT # 1. Entity Name 04-14-2003 90757 046 \*\*\*150.00 KIEFER CONSTRUCTION, INC. Principal Place of Business Mailing Address 4565 NAUTICAL CT. 4565 NAUTICAL CT. DESTUN Ft. 32541 DESTRICEL 32541 Mailing Address 1523 Golf Villa Ct. rincipal Place of Business
523 Golf Villa Ct. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-3546443 Not Applicable \$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 Name KIEPER, BRYAN J 4565 NAUTICAL CT. DESTIN PL 32541 City 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of agent, Bryan J. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be <sup>2</sup> After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Addition TITLE TITLE Kathy P. Kieter 4523 Golf Villa Ct., #1001 KIEFER, KATHY P NAME NAME 4565 NAUTICAL CT. STREET ADDRESS STREET ADDRESS DESTIN FL 32541 CITY-ST-7IP CITY-ST-ZIP Change **VPD** Delete ☐ Addition TITLE TITLE Bryan J. Kiefer KIEFER, BRYAN J NAME NAME 4523 Golf Villa Ct., 4565 NAUTICAL CT. STREET ADDRESS STREET ADDRESS DESTIN FL 32541 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change NAME NAME

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an ardress with all other like empowered.

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: 0364

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

JRKiefer, Vice Pres.

Change

☐ Addition