2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000005654 Mar 04, 2000 8:00 am 1. Entity Name Secretary of State R.B. KEMPFER ENTERPRISES, INC. 03-04-2000 90094 019 ***150.00 Principal Place of Business , Mailing Address 601 E. PALMETTO AVENUE 601 E. PALMETTO AVENUE MELBOURNE FL 32901-4723 MELBOURNE FL 32901-4723 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 59-3554137 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent . 6. Name and Address of Current Registered Agent Name FRESE, GARY B Street Address (P.O. Box Number is Not Acceptable) 930 S. HARBOR CITY BLVD. SUITE 505 **MELBOURNE FL 32901** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE KEMPFER, ROBERT B NAME NAME **601 E. PALMETTO AVENUE** STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32901-4723** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE KEMPFER, RICHARD H NAME NAME **601 E. PALMETTO AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901-4723 CITY-ST-ZIP Change Addition TITLE -- Delete ----TITI F KEMPFER, RONALD W NAME NAME **601 E. PALMETTO AVENUE** STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901-4723 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE BOYLE, CAROLYN J NAME NAME **601 E. PALMETTO AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901-4723 ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

to the same of the same of

NAME

STREET ADDRESS

407-957-8854