

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90004 045 ***550.00

| | |
|--|--|
| DOCUMENT # P99000044507 | |
| 1. Entity Name KIE-MEDICAL, INC. | |
| Principal Place of Business 6841 DONA DR. NAVARRE FL 32566 | Mailing Address 6841 DONA DR. NAVARRE FL 32566 |
| 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 59-3607111 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| KIEFFER, THOMAS R 6841 DONA DR. NAVARRE FL 32566 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | 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 _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KIEFFER, THOMAS R 6841 DONA DR NAVARRE FL 32566 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Thomas R. Kieffer* **THOMAS R. KIEFFER** *07/18/01* **850-939-0898**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)