

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90146 017 ***150.00

DOCUMENT # P99000062380

1. Entity Name
KNAPPE COMPOSITES, INC.



Principal Place of Business
**1089 LONGVIEW W DRIVE
WESTON FL 33326**

Mailing Address
**1089 LONGVIEW W DRIVE
WESTON FL 33326**

2. Principal Place of Business

5299 NW 108th Ave

Suite, Apt. #, etc.

3. Mailing Address

5299 NW 108th AVE

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
SUNRISE, FL

City & State
SUNRISE, FL

4. FEI Number **65-0934232**

Applied For
☐ Not Applicable

Zip
33351

Country
USA

Zip
33351

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KNAPPE, HOLGER
1089 LONGVIEW DRIVE
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **KNAPPE, HOLGER**
Street Address (P.O. Box Number is Not acceptable)
5299 NW 108th AVE

City **SUNRISE, FL** Zip Code **33351**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

KNAPPE, NILS

02/14/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KNAPPE, HOLGER**
STREET ADDRESS **1089 LONGVIEW DRIVE**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **KNAPPE, HOLGER**
STREET ADDRESS **5299 NW 108th AVE**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like to be removed.

SIGNATURE:

SIGNATURE REQUIRED KNAPPE, NILS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)