

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 an**  
**Secretary of State**

02-07-2000 90073 007 \*\*\*150.00

**DOCUMENT # P990000096410**

1. Entity Name

**KRAH MEDICAL CORPORATION**

Principal Place of Business

Mailing Address

C/O PETRA ROLLER  
 5051 CASTELLO DRIVE #17  
 NAPLES FL 34103

C/O PETRA ROLLER  
 5051 CASTELLO DRIVE #17  
 NAPLES FL 34103-8983

**AVU18594**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59 360 6920**

Applied  
 Not Applied

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROLLER, PETRA  
 COAST-TO-COAST INVESTMENT GROUP, INC.  
 5051 CASTELLO DRIVE #17  
 NAPLES FL 34103

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

*P. Roller* **PETRA ROLLER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-30-00**

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** --  
 Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRAH, ROLF DR.</b> <b>6103 DEER RUN</b> <b>FORT MYERS FL 33908</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PVPTS</b> <b>Krah, ROLF DR</b> <b>6103 Deer Run</b> <b>Fort Myers, FL 33908</b>	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*R. Krah* **(ROLF KRAH)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**/RK 1/14/00 941-48910**

Date

Daytime Phone #