

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90011 032 \*\*\*150.00

DOCUMENT # **P99000096410**

1. Entity Name

**KRAH MEDICAL CORPORATION**

Principal Place of Business

**C/O COAST-TO-COAST REALTY**  
**11232 TAMIAHI TRAIL N.**  
**NAPLES, FL 34110-1640**

Mailing Address

**COAST-TO-COAST REALTY**  
**11232 TAMIAHI TRAIL N.**  
**NAPLES, FL 34110-1640**

**A0032719**

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 For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**PETRA ROLLER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**C/O COAST-TO-COAST REALTY**  
**11232 TAMIAHI TRAIL N.**  
 City  
**NAPLES, FL** Zip Code  
**34110-1640**

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** **P. PETRA ROLLER**

**02-19-01**

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

(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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPVPTS**  
**KRAH, ROLF DR.**  
**6103 DEER RUN**  
**FT. MYERS, FL 33908**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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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: **x R. Krah**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**/RK ROLF KRAH** **02/24/01**

Date

Daytime Phone #

CR2E034 (11/00)