

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108482

1. Entity Name

KRATOS CORPORATION

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90175 027 ***150.00

Principal Place of Business

Mailing Address

201 ALHAMBRA CIRCLE, #510
CORAL GABLES FL 33134

201 ALHAMBRA CIRCLE, #510
CORAL GABLES FL 33134

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

65-0971398

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANSTIS, JEFFREY P
9600 W. SAMPLE ROAD, SUITE 304
CORAL SPRINGS FL 33065

Name

ROBERT M. OLIVER
Street Address (P.O. Box Number is Not Acceptable)

NATIONAL FINANCIAL PLANNING SERVICES
201 ALHAMBRA CIRCLE STE. 510

City

CORAL GABLES

FL

Zip Code

33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert M. Oliver

x 2/24/00

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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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☐ Change ☒ Addition

D.P.T.S.

KAREN STEEDMAN

3931 RCA BLVD # 3101

PALM BEACH GARDENS FL 33410

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

Karen E Steedman

x 4/6/00

561-624-0522

CR2E034 (9/99)