

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90143 003 ***150.00

DOCUMENT # P99000108482

1. Entity Name

KRATOS CORPORATION

Principal Place of Business

**201 ALHAMBRA CIRCLE #510
 CORAL GABLES FL 33134**

Mailing Address

**201 ALHAMBRA CIRCLE #510
 CORAL GABLES FL 33134**

2. Principal Place of Business

**3931 RCA Blvd.
 Suite, Apt. #, etc.
 3101**

3. Mailing Address

**3931 RCA Blvd.
 Suite, Apt. #, etc.
 3101**

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-0971398

Applied For

Not Applicable

Zip

33410

Country

USA

Zip

33410

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**OLIVER, ROBERT M
 %NATIONAL FINANCIAL PLANNING SVCS
 201 ALHAMBRA CIR STE 510
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Karen Stedman**

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

3931 RCA Blvd, # 3101

City **Palm Beach Gardens FL**

Zip Code **33410**

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 **Karen Stedman**

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

Karen E Stedman

(NOTE: Registered Agent signature required when reinstating)

2/6/02

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, 2002 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	DPTS	<input type="checkbox"/> Delete
NAME	STEDMAN, KAREN	
STREET ADDRESS	3931 RCA BLVD #3101	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Karen E Stedman**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02
 Date

Daytime Phone #

CR2E034 (9/01)