

2003

2003


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90070 004 ***150.00

DOCUMENT # **P02000023143**

1. Entity Name
KTS Technologies, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5125 Castello Dr.

3. Mailing Address
5125 Castello Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPIES, FL.

City & State
NAPIES, FL

Zip
3103

Country

4. FEI Number
03-0399822

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional -
Fes Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent


Name
JOE MOYER

Street Address (P.O. Box Number is Not Acceptable)
5125 Castello Dr.

City & State
NAPIES FL

Zip
3103

8. The undersigned 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 obligation of, the registered agent.

SIGNATURE  DATE **2-16-03**

Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when renating)

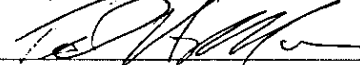
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE	VP	TITLE	
NAME	MOORE, TED	NAME	
STREET ADDRESS	973 E. 130th DR.	STREET ADDRESS	
CITY-ST-ZIP	Thornton, CO. 80241	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	LISA MOORE	NAME	
STREET ADDRESS	973 East 130th Dr	STREET ADDRESS	
CITY-ST-ZIP	Thornton, CO 80241	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:  DATE **2-27-03** TIME/PHONE # **303 870-6049**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)