2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90249 042 ***150.00

DOCUMENT # P98000103005

1. Entity Name

DENGEL-FEHR AND COMPANY, INC.

Principal Place of Business	Mailing Address
3190 LACOSTA CIRCLE #202 NAPLES FL 34105	3190 LACOSTA CIRCLE #202 NAPLES FL 34105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4740 Old Stone Rd.	4740 Old Stone Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL 34233
Zip: 34233 — Country:	Zip: 34233 — Country:

4. FEI Number 22-2677649 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DENGEL, WAYNE G
~~4114 CENTRAL SARASOTA~~ PKWY
~~#1122~~
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 4740 Old Stone Rd
City: Sarasota FL Zip Code: 34233

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] 11-Apr-00
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P DENGEL, WAYNE G ~~4114 CENTRAL SARASOTA PKWY #1122~~ ~~SARASOTA FL 34238~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4740 Old Stone Rd. Sarasota, FL 34233	☒ Change ☐ Addition
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CR2E034 (9/99)

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] 941-926-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #