

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025263

1. Entity Name

RON'S WORKSHOP, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90081 013 ***150.00

Principal Place of Business

5260 WEST IRLO BRONSON HIGHWAY
SUITE 116
KISSIMMEE FL 34746

Mailing Address

5260 WEST IRLO BRONSON HIGHWAY
SUITE 116
KISSIMMEE FL 34746-5349

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

59-3565128

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

SASCHA KUEHN

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

5260 W IRLO BRONSON

SUITE 116

City

KISSIMMEE

FL

Zip Code

34746

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

SASCHA KUEHN

(NOTE: Registered Agent signature required when reinstating)

04/08/2000

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	PTD	<input type="checkbox"/> Delete
NAME	KUEHN, SASCHA	
STREET ADDRESS	5260 WEST IRLO BRONSON HIGHWAY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	HAMBUECHEN, BODO	
STREET ADDRESS	5260 WEST IRLO BRONSON HIGHWAY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SASCHA KUEHN

04/08/2000

Date

407-390-7473

Daytime Phone #

CR2E034 (9/99)