

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90206 001 \*\*\*150.00

**DOCUMENT # P99000085284**

1. Entity Name

KERSENBROCK ENTERPRISES, INC.



Principal Place of Business

POST OFFICE BOX 290033  
DAYTONA BEACH FL 32129

Mailing Address

POST OFFICE BOX 290033  
DAYTONA BEACH FL 32129



2. Principal Place of Business

735 Pine Shores Circle

3. Mailing Address

735 Pine Shores Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

New Smyrna Beach

City & State

New Smyrna Beach

Zip

Country

32168

Zip

Country

32168

USA

4. FEI Number

59-3600515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KERSENBROCK, GERALD  
501 N CAUSEWAY #507  
NEW SMYRA BCH FL 32162

7. Name and Address of New Registered Agent

Name

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

735 Pine Shores Circle

City

New Smyrna Beach FL

Zip Code

32168

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 PD ☐ Delete  
NAME KERSENBROCK, GERALD  
STREET ADDRESS POST OFFICE BOX 290033 N/A  
CITY-ST-ZIP DAYTONA BEACH FL 32129

TITLE STD ☐ Delete  
NAME KERSENBROCK, VIRGINIA  
STREET ADDRESS POST OFFICE BOX 290033 N/A  
CITY-ST-ZIP DAYTONA BEACH FL 32129

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 735 Pine Shores Circle  
CITY-ST-ZIP New Smyrna Beach FL 32168

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 735 Pine Shores Circle  
CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gerald Kerzenbrock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4-8-03 Daytime Phone # 386-871-8496

CR2E034 (10/02)