2000 UNIFORM BU	SINESS REPOF	RT (UBR)			(1)
DOCUMENT # P98000 1. Entity Name TRANIZ Kirchner In	0041844 -	⇔ '⊹ 3),	FILED OI JAN 18 AM 8:	C 1	O
,	- 0				
Principal Place of Business Mailing Address			SECRETARY OF STATILAHASSEE, FLOR	TE	
915 SW 34 9		err	Vanious II LON	IUA	
•	Cape Coral	A2 33514	A Comment of the Comm		:
	*				
2. Principal Place of Business SW FLorida	SW FLORIDA 915 SW34TER		M-01	12	n
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO GTW TE IT HIS S	AC C	K
City & State	City & State CAPE Coral	#2	4. FFI Nilmher - 0836104		ed For applicable
Zip Country	Zip	Country		8.75 Addition	
6. Name and Address of Curr	ent Registered Agent	200	7. Name and Address of New Registered A		
Detouen, Shelly A TRANK Kirchner:				. خبره ود - شره	
195 CCCCV OF 1000			s (P.O. Box Number is Not Acceptable) 34 1944		
FL. ouyers, 72	33907 US	Cape	Coral	7:- 0:-	
		Cape		Zip Code 339	(4)
8. The above named entity submits this statement	nt for the purpose of changing its re	egistered office or règist			
SIGNATURE Frank Kure Signature, typed or printed name of registered a	dent and title if applicable. (NOTE: F	Registered Agent signature requir	$\frac{12 - 10}{\text{potential properties}}$	-00	
—9.—This corporation is eligible to satisfy its Intang		FEE IS \$150:00			
Tax filing requirement and elects to do so.		Fee will be \$550.00 to Department of S	Hust I and Contribution.	\$5.00 Added to	
	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE PTSD	☐ Delete	TITLE NAME		[_] Onlinge [
STREET ADDRESS Trank R Kirch 915 500 34 70 cmpe cora 34 70 cm	33914.	STREET ADDRESS CITY-ST-ZIP			
TITLE US	☐ Delete	TITLE	400003618	₹11044-	Addition C
STREET ADDRESS James Wayne	Blogd 2 Ave Apt 515	NAME STREET ADDRESS	-01/31/01 ****158.75	01075C)04
To duyer	<u>3390/</u> □ Delete	CITY-ST-ZIP TITLE			D8.75 ☐ Addition
TITLE NAME	□ Delete	NAME	400003618	094 -007500	
STREET ADDRESS CITY-ST-ZIP	,	STREET ADDRESS CITY-ST-ZIP	*****150.00	****150	
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CITY-ST-ZIP TITLE	□ Delete	CITY-ST-ZIP		☐ Change [Addition
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STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied	with this filing does not qualify for the	he exemption stated in :	Section 119.07(3)(i), Florida Statutes. I further cert	ify that the info	rmation
indicated on this report or supplemental repo	ort is true and accurate and that my empowered to execute this report as	/ signature shall have th	e same legal effect as if made under oath; that I a 07, Florida Statutes; and that my name appears in	m an officer or	airector
SIGNATURE: Frank	/ Luchner OR PRINTED NAME OF SIGNING OFFICER OR	NIDECTOR	12-10-00 941-94	15-3040	<u> </u>
SIGNATURE AND TYPED	UK - MITTED HAME OF SIGNING OFFICER OR	· Directori	Date Da	,	

Thank you for your letter!

We have never receved any of your chail!
It always has been send to our decount on
odds. Denoven Sheley. She never informed us that we
had to pay.

Please if you would change the chaldress and send it directly do me so in the Julian. we can pay it on time.

Your kind help.

Frank Kuchner