

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 403640

1. Entity Name

KREHLING INDUSTRIES, INC

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90053 032 \*\*\*150.00

Principal Place of Business

1425 E. WIGGINS PASS RD.  
NAPLES FL 33963

Mailing Address

1425 E. WIGGINS PASS RD.  
NAPLES FL 34110-6301

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

59-1393388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KREHLING, HENRY W. JR.  
1425 E. WIGGINS PASS RD.  
NAPLES FL 33963

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KREHLING, HENRY W., JR.	
STREET ADDRESS	1425 E. WIGGINS PASS RD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WALTBILLIG, PETER J.	
STREET ADDRESS	1425 E WIGGINS PASS RD	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRUCE, GRANT	
STREET ADDRESS	134 MAPLE STREET	
CITY-ST-ZIP	DECATUR GA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JARVIS, ERNEST L	
STREET ADDRESS	1425 E WIGGINS PASS ROAD	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RYAN, WILLIAM	
STREET ADDRESS	1425 E WIGGINS PASS ROAD	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DURANT, ALAN	
STREET ADDRESS	134 MAPLE STREET	
CITY-ST-ZIP	DECATUR GA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Henry W. Krehling, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry W. Krehling, Jr. P 4-20-00(941)597-3162

Date

Daytime Phone #

CR2E034 (9/99)