

DOCUMENT # 642995

1. Entity Name

DONALD F. KALTENBACH, P.A.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90009 019 ***150.00

Principal Place of Business

Mailing Address

7026 LITTLE ROAD
NEW PORT RICHEY FL 34654

7026 LITTLE ROAD
NEW PORT RICHEY FL 34654

2. Principal Place of Business

8445 CESSNA DR

3. Mailing Address

8445 CESSNA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

4. FEI Number 59-1946448

Applied For

Not Applicable

Zip

34654

Country

USA

Zip

34654

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KALTENBACH, DONALD F.
7026 LITTLE ROAD
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name KALTENBACH, DONALD F.

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

8445 CESSNA DR

City

NEW PORT RICHEY

FL

Zip Code

34654

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 true if applicable.

DONALD F. KALTENBACH

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/01

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, 2001 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
NAME KALTENBACH, DONALD F.
STREET ADDRESS 7026 LITTLE ROAD
CITY-ST-ZIP NEW PT RICHEY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

1/4/01

Date

Daytime Phone

727-842-5415

CR2E034 (10/00)