

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90071 016 ***150.00

DOCUMENT # 642995

1. Entity Name

DONALD F. KALTENBACH, P.A.

Principal Place of Business

**8445 CESSNA DR
 NEW PORT RICHEY FL 34654**

Mailing Address

**8445 CESSNA DR
 NEW PORT RICHEY FL 34654**

2. Principal Place of Business

3134 CHARLES MACDONALD DR / 3134 CHARLES

Suite, Apt. #, etc. **SARASOTA**

Suite, Apt. #, etc. **SARASOTA**

City & State

FLA

City & State

FLA

Zip

34240

Country

USA

Zip

34240

Country

USA

6. Name and Address of Current Registered Agent

KALTENBACH, DONALD F.

8445 CESSNA DR.

NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name

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

3134 CHARLES MACDONALD DR

SARASOTA,

City

FL

Zip Code

34240

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)

4/17/02

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, 2002 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 ☐ Delete
 NAME **PD KALTENBACH, DONALD F.**
 STREET ADDRESS **7026 LITTLE ROAD**
 CITY-ST-ZIP **NEW PT RICHEY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **3134 CHARLES MACDONALD DR**
 CITY-ST-ZIP **SARASOTA, FLA 34240**

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

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

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TITLE ☐ Change ☐ 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

941-780-9545
4/17/02
 Date Daytime Phone #

CR2E034 (9/01)