

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 649876

1. Entity Name
K & S STENGEL, INC.

(R)

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90005 022 ***150.00

Principal Place of Business

3853 B CLEVELAND AVE
FT MYERS FL 33901
US

Mailing Address

KEITH STENGEL
233 SW 9TH TERR
CAPE CORAL FL 33911
US

*P.O. Box 7263
FT MYERS FL 33911*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same as above
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7263
Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-1976178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STENGEL, KEITH
233 SW 9TH TERR
CAPE CORAL FL 33991

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **S**
STREET ADDRESS **SIMIONE, PETE**
CITY-ST-ZIP **261 OSTEGO ROAD**
FT MYERS FL 33431

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **STENGEL, KEITH C**
CITY-ST-ZIP **233 SW 9TH TERR**
CAPE CORAL FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

941-574-1931
941-277-5288

TO WHOM IT MAY CONCERN; Attachment
Off 649876
DW9310

I JUST RECEIVED MY UNIFORM BUSINESS REPORT, AND IT SAYS SECOND NOTICE.

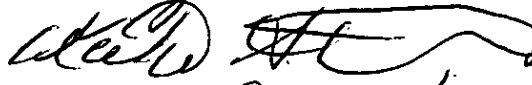
I NEVER RECEIVED THE FIRST NOTICE, SO I CALLED YOUR OFFICE, AND THEY TOLD ME TO RESPOND BY LETTER.

I AM NOT SURE WHY YOU SENT THIS TO MY HOME ADDRESS. I HAVE TWO CHILDREN THAT POSSIBLY COULD HAVE MISPLACED THE FIRST NOTICE WHEN CHECKING THE MAIL.

I ASSURE YOU THAT IT WAS NOT FOR LACK OF 150.00. SO AS PER PHONE CONVERSATION AND THIS LETTER I AM ENCLOSED A CHECK FOR 150.00.

PLEASE IN THE FUTURE MAIL TO OUR P.O. BOX WHERE I ONLY CAN PICK UP MAIL OR IF THIS IS NOT ALLOWABLE, TO THE BUSINESS ADDRESS.

Thank you

 Pres.
Keith Stenbel
941-277-5288 OFFICE
941-574-1931 HOME