

FILED
Mar 06, 2003 8:00 am
Secretary of State

02-12-2003 90123 035 ****61.25
03-06-2003 90110 024 ****88.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F21025

1. Entity Name
JOHN D. KURTZ CHARTERED



Principal Place of Business
**388 SO MILITARY TRAIL
WEST PALM BCH FL 33415**

Mailing Address
**388 SO MILITARY TRAIL
WEST PALM BCH FL 33415**

90043078



2. Principal Place of Business
1280 N. CONGRESS AVE #107
Suite, Apt. #, etc. **#107**

3. Mailing Address
1280 N. CONGRESS AVE #107
Suite, Apt. #, etc. **#107**
City & State **West Palm Beach FL**
Zip **33409** Country **USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2066003**
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KURTZ, JOHN D.
388 SO MILITARY TRAIL
WEST PALM BEACH FL 33415**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	SDP			
	KURTZ, JOHN D			
	388 S MILITARY TR			
	W PALM BCH FL			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1280 N. CONGRESS AVE #107		
		West Palm Beach FL 33409		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an officer, director, receiver, trustee, or other authorized person.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03 561-684-0560
Date Daytime Phone #