

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90218 038 \*\*\*550.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT #** F97000000903 ✓

1. Entity Name  
 Krings Trench Shoring, Inc.

Principal Place of Business  
 1100 N.E. 7th  
 Dania, FL 33004

Mailing Address  
 4106 Colville Dr.  
 Durham, N.C. 27707

2. Principal Place of Business  
 1100 N.E. 7th  
 Suite, Apt. #, etc.

3. Mailing Address  
 4106 Colville Dr.  
 Suite, Apt. #, etc.

City & State  
 Dania, FL 33004

City & State  
 Durham, N.C. 27707

4. FEI Number  
 56-1779659

Applied For  
 Not Applicable

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

Zip Country Zip Country  
 33004 USA 27707 USA

6. Name and Address of Current Registered Agent  
 Edwin C. Lunsford, Esq.  
 515 N. Flagler Dr., #19th Floor  
 West Palm Beach, FL 33401

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D <input type="checkbox"/> Delete	NAME David Rosenthal	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4106 Colville Dr.	CITY-ST-ZIP Durham, N.C. 27707	STREET ADDRESS	CITY-ST-ZIP
TITLE S/D <input type="checkbox"/> Delete	NAME Chris Rosenthal	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4106 Colville Dr.	CITY-ST-ZIP Durham, N.C. 27707	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME Joseph Libera	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 209 S. Williamson St.	CITY-ST-ZIP Elon College, N.C. 27244	STREET ADDRESS	CITY-ST-ZIP
TITLE General Manager <input type="checkbox"/> Delete	NAME Ron Rhoads	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4060 N.W. 106th Dr.	CITY-ST-ZIP Coral Springs, FL 33065	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	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: David Rosenthal, President 5/26/00 919-596-5005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)