

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90156 023 ***150.00

DOCUMENT # F97000002824

1. Entity Name

KRUNCHIE CORP.

Principal Place of Business

**4824 CHAROWEN DR.
 ORLANDO FL 32837**

Mailing Address

**4824 CHAROWEN DR.
 ORLANDO FL 32837**

2. Principal Place of Business

1319 Country Ridge Place
 Suite, Apt. #, etc.

3. Mailing Address

1319 Country Ridge Place
 Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32835

Country

US

Zip

32835

Country

US

4. FEI Number

13-3946142

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CALVO, MICHAEL B
 4824 CHAROWEN DR.
 ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name **Michael B. Calvo**

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

1319 Country Ridge Place

City **Orlando**

FL

Zip Code

32835

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

Michael B. Calvo

Michael B. Y. Calvo

1/23/01

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 \$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** ☐ Delete
 NAME **CALVO, MANUEL A**
 STREET ADDRESS **4824 CHAROWEN DR.**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **STD** ☐ Delete
 NAME **CALVO, MICHAEL B**
 STREET ADDRESS **4824 CHAROWEN DR.**
 CITY-ST-ZIP **ORLANDO FL 32837**

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 **1319 Country Ridge Place**
 CITY-ST-ZIP **Orlando, FL 32835**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1319 Country Ridge Place**
 CITY-ST-ZIP **Orlando, FL 32835**

TITLE ☐ Change ☐ Addition
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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:

Michael B. Calvo

Michael B. Y. Calvo

Date

Daytime Phone #

CR2E034 (10/00)