

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90096 030 ***158.75

DOCUMENT # G79677

1. Entity Name
KROGMAN HOMES, INC.



Principal Place of Business
**3136 HOLIDAY AVE
APOPKA FL 32703
US**

Mailing Address
**3136 HOLIDAY AVE
APOPKA FL 32703
US**



2. Principal Place of Business

3. Mailing Address

3132 Holiday Ave

3132 Holiday Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Apopka, FL

Apopka, FL

4. FEI Number

59-2391854

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

32703 SEMINOLE

32703 SEMINOLE

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KROGMAN, RAYMOND R
3136 HOLIDAY AVE
APOPKA FL 32703**

Name

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

3132 Holiday Ave

City

Apopka

FL

Zip Code

32703

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KROGMAN, RAYMOND R 3136 HOLIDAY AVE APOPKA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KROGMAN, MICHELLE L 3136 HOLIDAY AVE APOPKA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KROGMAN, MICHELLE L 3136 HOLIDAY AVE APOPKA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KROGMAN, SHAUN P 3136 HOLIDAY AVE APOPKA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3132 Holiday Ave	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3132 Holiday Ave	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3132 Holiday Ave	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KROGMAN, Shaun P. 13856 PENA St Orlando, FL 32826	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle L. Krogman v.p. 3-31-03 407-291-2375

CR2E034 (10/02)