

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H31856

1. Entity Name

JAMES M. KRANTZ CONSTRUCTION CORPORATION

Principal Place of Business

DRENNEN RD., BLDG 191, STE 507
PO BOX 8001 (32856-8001)
ORLANDO FL 32806-3177

Mailing Address

DRENNEN RD., BLDG 191, STE 507
PO BOX 8001 (32856-8001)
ORLANDO FL 32806-3177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2502786

Applied For

Not Applicable

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

KRANTZ, JAMES M.
1400 APPLETON AVE.
ORLANDO FL 32806

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KRANTZ, JAMES M.
STREET ADDRESS 1400 APPLETON AVE.
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE VICE PRESIDENT
NAME KRANTZ, ROLAND J.
STREET ADDRESS 3118 WILLIAMS ST
CITY-ST-ZIP ORLANDO, FL 32806

☐ Delete

TITLE
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CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. KRANTZ

Date

4/24/01

Daytime Phone #

407 8556374

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

05-07-2001 90043 033 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)