

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90008 036 \*\*\*150.00

**DOCUMENT # J97736**

1. Entity Name  
**KIENTZY & CO., INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>1053 E. ATLANTIC AVE.<br/>         DELRAY BCH. FL 33483</b> | Mailing Address<br><b>1053 E. ATLANTIC AVE.<br/>         DELRAY BCH. FL 33483</b> |
|---|---|

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 **65-0011544**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIENTZY, GEORGE  
 1053 E. ATLANTIC AVE.  
 DELRAY BEACH FL 33483**

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

(NOTE: Registered Agent signature required when reinstating)

**1/19/01**  
 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

| 11. OFFICERS AND DIRECTORS      |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |      |
|---------------------------------|--|---|------|
| TITLE                           | NAME   | TITLE   | NAME |
| <input type="checkbox"/> Delete | <b>D<br/>KIENTZY, GEORGE E.<br/>12730 OAK ARBOR DR<br/>BOYNTON BCH. FL</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete | <b>ST<br/>KIENTZY, MARY J.<br/>12730 OAK ARBOR DR.<br/>BOYNTON BCH. FL</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
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| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 to this address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/01**  
 Date

**561-272-4545**  
 Daytime Phone #

CR2E034 (10/00)