

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90066 011 ***550.00

NOT RE AV

DOCUMENT # K46435

1. Entity Name

VON AHN REPORTING SERVICE, INC.

Principal Place of Business

% EDWARD PINO
1408 BAYVIEW COURT
FT. MYERS FL 33901

Mailing Address

% EDWARD PINO
1408 BAYVIEW COURT
FT. MYERS FL 33901

2. Principal Place of Business

5888 Spicer Court

3. Mailing Address

5888 Spicer Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

No. Fort Myers, FL

City & State

No. Fort Myers, FL

4. FEI Number

65-0082190

Applied For

Not Applicable

Zip
33903

Country

Zip
33903

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PINO, EDWARD
1408 BAYVIEW COURT
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

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

5888 Spicer Court

City

No. Fort Myers

FL

Zip Code
33903

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)

8/3/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **VON AHN, PATRICK**
 STREET ADDRESS **1408 BAYVIEW COURT**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **D** ☐ Delete
 NAME **VON AHN, KATHLEEN**
 STREET ADDRESS **1408 BAYVIEW COURT**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **S** ☐ Delete
 NAME **PINO, EDWARD**
 STREET ADDRESS **1408 BAYVIEW COURT**
 CITY-ST-ZIP **FT. MYERS FL**

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 **5888 Spicer Court**
 CITY-ST-ZIP **No Fort Myers, FL 33903**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **Same address as above**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **Same address as above**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/01

Date

941-332-7443

Daytime Phone #

CR2E034 (5/01)