

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L12483

1. Entity Name
KEN BEAN, INC.

Principal Place of Business

% KENNETH KRETSCH
12041 WEDGE DRIVE
FORT MYERS FL 33913

Mailing Address

% KENNETH KRETSCH
12041 WEDGE DRIVE
FORT MYERS FL 33913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

18430 Pioneer Rd

City & State

Ft. Myers FL

Zip

33908

Country

USA

Suite, Apt. #, etc.

18430 Pioneer Rd.

City & State

Ft. Myers FL

Zip

33908

Country

USA

6. Name and Address of Current Registered Agent

KRETSCH, KENNETH
12041 WEDGE DRIVE
FT. MYERS FL 33913

7. Name and Address of New Registered Agent

Name

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

18430 Pioneer Rd

City

Ft. Myers

State

FL

Zip Code

33908

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

Kenneth Kretsch
Kenneth Kretsch, President

4.28.01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRETSCH, KENNETH 12041 WEDGE DRIVE FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRETSCH, DONNA 12041 WEDGE DRIVE FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRETSCH, MARIANNE 13105 VANDERBILT DR, 601 FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 with an address, with all other like empowered.

SIGNATURE:

Kenneth Kretsch
Kenneth Kretsch, President

4.28.01

Date

941-768-1295

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90042 011 ***150.00

764740



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0168671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

0534924

CR2E034 (10/00)