

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90057 022 ***150.00

DOCUMENT # M04726

1. Entity Name

KRENT WIELAND DESIGN, INC.

Principal Place of Business

Mailing Address

**11300 FORTUNE CIRCLE STE 2
 WEST PALM BEACH FL 33414**

**11300 FORTUNE CIRCLE STE 2
 WEST PALM BEACH FL 33467-2966**

2. Principal Place of Business

3. Mailing Address

6801 LAKE WORTH ROAD

6801 LAKE WORTH ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 315

SUITE 315

City & State

City & State

LAKE WORTH, FL.

LAKE WORTH, FL.

Zip

Country

Zip

Country

33467

U.S.

33467

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIELAND, KRENT L
 522 GOLDENWOOD WAY
 WEST PALM BEACH FL**

**SEE below
 NEW ADDRESS**

KRENT L. WIELAND

371 S.E. 11th Street

Pompano Beach FL 33060

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, 2000 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **WIELAND, KRENT L**
 CITY-ST-ZIP **522 GOLDENWOOD WAY
 WEST PALM BEACH FL**

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **WIELAND, KRENT L.**
 CITY-ST-ZIP **371 S.E. 11th Street
 Pompano Beach, FL. 33060**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **SALMON, KIMBERLY S**
 CITY-ST-ZIP **16181 82ND ROAD, NORTH
 LOXAHATCHEE FL 33470**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

KRENT L. Wieland

4.12.00

561.432.848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)