

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90131 049 ***158.75

DOCUMENT # M70011

1. Entity Name

DAVID A. KINTNER, INC.

Principal Place of Business

Mailing Address

DAVID A KINTER INC
356 RIVER EDGE RD
JUPITER FL 33477
US

DAVID A KINTER INC
356 RIVER EDGE RD
JUPITER FL 33477
US

642352



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

DAVID A. KINTNER INC

DAVID A KINTNER INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

374 MAGNOLIA DRIVE

374 MAGNOLIA DRIVE

City & State

City & State

JUPITER FL

JUPITER FL

Zip

Country

Zip

Country

33458

U.S.

33458

U.S.

4. FEI Number

65-0040541

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

ERICSON, DEBRA A
8819 N. VIRGINIA AVE
WEST PALM BEACH FL 33418

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 **VS** ☒ Delete
 NAME **KINTNER, DAVID A.**
 STREET ADDRESS **356 RIVER EDGE ROAD**
 CITY-ST-ZIP **JUPITER FL**

TITLE **VS** ☒ Change ☐ Addition
 NAME **KINTNER, DAVID A.**
 STREET ADDRESS **374 MAGNOLIA DRIVE**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE **PT** ☒ Delete
 NAME **HICKS, KATHRYN G.**
 STREET ADDRESS **356 RIVER EDGE ROAD**
 CITY-ST-ZIP **JUPITER FL**

TITLE **PT** ☐ Change ☐ Addition
 NAME **KATHRYN G HICKS**
 STREET ADDRESS **374 MAGNOLIA DRIVE**
 CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **D** ☐ Delete
 NAME **MORGAN, SHANNON L**
 STREET ADDRESS **6167 LAUDERDALE ST**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☐ Change ☐ Addition
 NAME **MORGAN, SHANNON L.**
 STREET ADDRESS **413 MORNING DOVE POINTE**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☒ Delete
 NAME **MORGAN, CHRISTOPHER T**
 STREET ADDRESS **6167 LAUDERDALE ST**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☐ Change ☐ Addition
 NAME **MORGAN, CHRISTOPHER T**
 STREET ADDRESS **413 MORNING DOVE POINTE**
 CITY-ST-ZIP **JUPITER, FL 33458**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 REGISTERING OFFICER OR DIRECTOR

PRES.

Date

Daytime Phone #

4-03-01 561-744-9481

C92F024 110/001