

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91057 043 ***158.75

DOCUMENT # M70011

1. Entity Name
DAVID A. KINTNER, INC.



Principal Place of Business
DAVID A KINTER INC
374 MAGNOLIA DRIVE
JUPITER FL 33458
US

Mailing Address
DAVID A KINTER INC
374 MAGNOLIA DRIVE
JUPITER FL 33458
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0040541**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathryn G Kintner 3-10-03 561 744-9481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment #
M70011

80057558
(STATE FILE NUMBER)

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

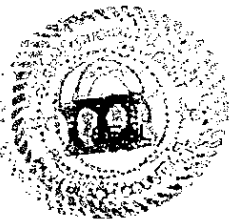
This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

Mar-19-2001 04:14pm 01-103198
ORB 12390 Pg 508
DOROTHY H. WILKEN, CLERK PB COUNTY, FL
I HAVE BEEN FOR THE YEAR 1999 TO 2001 BY THE COURT OF THE STATE OF FLORIDA

2001-000224 N
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) DAVID ALAN KINTNER		2. DATE OF BIRTH (Month, Day, Year) DEC 11 1949	
3a. RESIDENCE - CITY, TOWN, OR LOCATION JUPITER	3b. COUNTY PALM BEACH	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) NJ
5a. BRIDE'S NAME (First, Middle, Last) KATHRYN GURINA HICKS		5b. MAIDEN SURNAME (If different) FRANZE	6. DATE OF BIRTH (Month, Day, Year) JUL 21 1942
7a. RESIDENCE - CITY, TOWN, OR LOCATION JUPITER	7b. COUNTY PALM BEACH	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) FL



9. SIGNATURE OF GROOM (Sign full name using black ink) <i>David Alan Kintner</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) FEB 28 2001
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Ma Blair</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Kathryn Gurina Hicks</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) FEB 28 2001
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Ma Blair</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.		
17. COUNTY ISSUING LICENSE PALM BEACH	18. DATE LICENSE ISSUED FEB 28 2001	19. EXPIRATION DATE APR 29 2001
20. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20a. DATE LICENSE EFFECTIVE MAR 03 2001
20b. TITLE CLERK OF THE CIRCUIT		20c. BY D.C. TB

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.		
21. DATE OF MARRIAGE (Month, Day, Year) MARCH 11th 2001	22. CITY, TOWN, OR LOCATION OF MARRIAGE JUPITER, FLORIDA	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Mary Davis</i>		23c. ADDRESS (Of person-performing ceremony) 1058 RAVENRE, DAVIS, PALM BEACH GARDENS, FL 334
23b. NAME AND ADDRESS OF PERSON PERFORMING CEREMONY (Or notary stamp) Mary Davis Commission # CG 902326 Expires March 3, 2004 Bonded Thru Atlantic Bonding Co., Inc.		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>

SEAL

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY. NOT TO BE RECORDED.



PALM BEACH COUNTY, STATE OF FLORIDA

I hereby certify that the
foregoing is a true copy
of the record in my office

This 33 Day of March 2001

DOROTHY H. WILKEN
Clerk Circuit Court