## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P.O. BOX 1534

## P00000016022 **DOCUMENT #**

Principal Place of Business

**SIGNATURE:** 

3400 27TH ST E

1. Entity Name EDWARD KRATZERT, INC.



**FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90138 047 \*\*\*150.00

CR2E034 (10/02)

TO TO TO TAN AN AT

RADENTON FL 34208 ONECU FL 34264								
. Principal Place o	of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·		[ 190 510 40 111 00 114 00 514 40 514 00 114 00 114 0 0 114 0	#(i)( ##)(# (2 <del>4</del> )	B 1191 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		<b>4.</b> F	El Number <b>65-0986697</b>		olied For Applicable	
Zip	Country	Zip	Country	5. 0		8.75 Addit		
	Name and Address of Current Re	aistered Agent		7. N	lame and Address of New Registered Ag	ent		
			Name					
KRATZERT, EDV 3400 27TH ST. BRADENTON FI		Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			City		FL	Zip Code		
The above name the obligations of the obligations o	ed entity submits this statement for the frequency of registered agent.  The property of the frequency of th	Pres	registered office or regis		ent, or both, in the State of Florida. I am far  /  DATE		nd accept	
After May	NOW!!! FEE IS \$150.00 r 1, 2003 Fee will be \$550.00 able to Florida Department of \$	State			9. Election Campaign Financing Trust Fund Contribution.	Added	May Be to Fees	
10.	OFFICERS AND D	RECTORS	11.	AD	DITIONS/CHANGES TO OFFICERS AND D			
STREET ADDRESS <b>340</b> 0	tzert, edward r ) 27th St. East Denton Fl 34208	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATZĒ	RET EDWARD R	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. I hereby certifindicated on the corpora changed, or o	y that the information supplied with his report or supplemental report is tion or the receiver or trustee empor n an attachment with an add ss, w	his filing does not qualify for true and accurate and that vered to execute this repor th all other like empowered	or the exemption stated in my signature shall have t as required by Chapter I.	n Section the same 607, Flor	119.07(3)(i), Florida Statutes. I further certiflegal effect as if made under oath; that I and ida Statutes; and that my name appears in	iy that the ir n an officer Block 10 or	iformation or director Block 11 if	