

2/14/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-14-2001 90015 001 ***150.00

DOCUMENT # P00000022062

1. Entity Name

ROWAN & KRESGE CPA'S, PA

Principal Place of Business

Mailing Address

3703 CRILL AVE
PALATKA FL 321773703 CRILL AVE
PALATKA FL 32177

2. Principal Place of Business

3. Mailing Address

310 St. Johns Ave.

Same as Principal

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palatka, FL

4. FEI Number

59-3622572

Applied For

Not Applicable

Zip

Country

Zip

Country

32177

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

KRESGE, KENNETH R
3703 CRILL AVE
PALATKA FL 32177

Name Kenneth Kresge

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

City St. Augustine

FL

Zip Code 32080

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 Kresge

Signature, typed or printed name of registered agent (include if applicable)

(NOTE: Registered Agent signature required when re-appointing)

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 State10. 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	Ken Kresge	<input type="checkbox"/> Delete
NAME	President	
STREET ADDRESS	403 Anastasia Blvd.	
CITY-ST-ZIP	St. Augustine, FL 32080	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kenneth Kresge **KENNETH R. KRESGE** 2/9/01 (904) 824-0193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)