

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000036580**

1. Entity Name

**KRENKEL PROPERTIES, INC.**

Principal Place of Business

**610 GRAND. STE. 200  
DESTIN FL 32550**

Mailing Address

**610 GRAND. STE. 200  
DESTIN FL 32550****FILED****02 NOV -4 AM 11:28****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

**13-4214539**  
**APPLIED FOR**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KRENKEL, ANDY JR  
610 GRAND, STE. 200  
DESTIN FL 32550**

7. Name and Address of New Registered Agent

**Name KRENKEL, ANDY JR.  
Street Address (P.O. Box Number is Not Acceptable)  
164 Blue Lupine Way  
Suite 200  
City SANTA ROSA BCH FL Zip Code 32459**

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)

**8.27-02**

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES KRENKEL, JR., ANDY 610 GRAND BLVD. STE. 200 DESTIN FL 32550</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres Krenkel, Jr. Andy 164 Blue Lupine Way Suite 200 SANTA ROSA BCH. FL 32459</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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 SIGNING OFFICER OR DIRECTOR

**8.27-02**

Date

Daytime Phone #