

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90757 028 \*\*\*150.00

0054494 AV

**DOCUMENT # P00000036580**

**1. Entity Name**  
**KRENKEL PROPERTIES, INC.**



**Principal Place of Business**  
**164 BLUE LUPINE WAY, STE. 200**  
**SANTA ROSA BEACH FL 32459**

**Mailing Address**  
**164 BLUE LUPINE WAY, STE. 200**  
**SANTA ROSA BEACH FL 32459**

**2. Principal Place of Business**  
**164 Blue Lupine Way**  
**Suite, Apt. #, etc.**  
**STE 400**

**3. Mailing Address**  
**319 Deerfield Dr**  
**Suite, Apt. #, etc.**

**City & State**  
**SANTA ROSA BEACH FL**

**City & State**  
**Destin FL**

**4. FEI Number**  
**13-4214539**

**Applied For**  
**Not Applicable**

**Zip**  
**32459**

**Country**  
**WALTON**

**Zip**  
**32541**

**Country**  
**OKALOOSA**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KRENKEL, ANDY JR**  
**164 BLUE LUPINE WAY, STE. 200**  
**SANTA ROSA BEACH FL 32459**

**7. Name and Address of New Registered Agent**

**Name**  
**Krenkel, Andy Jr.**

**Street Address (P.O. Box Number is Not Acceptable)**

**319 Deerfield Dr.**

**City**  
**Destin**

**FL** **Zip Code**  
**32541**

**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** *Andy Krenkel Jr*

**4-23-03**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE 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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**P** ☐ **Delete**  
**NAME**  
**KRENKEL, ANDY JR.**  
**STREET ADDRESS**  
**164 BLUE LUPINE WAY, STE. 200**  
**CITY-ST-ZIP**  
**SANTA ROSA BEACH FL 32459**

**TITLE**  
**NAME** ☐ **Delete**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME** ☐ **Delete**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE**  
**NAME** ☐ **Delete**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME** ☐ **Delete**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE**  
**NAME** ☒ **Change** ☐ **Addition**  
**Krenkel Andy Jr.**  
**STREET ADDRESS**  
**319 Deerfield Dr**  
**CITY-ST-ZIP**  
**Destin FL 32541**

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

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

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**TITLE**  
**NAME** ☐ **Change** ☐ **Addition**  
**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:** *Andy Krenkel Jr*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-23-03**

Date

**850-376-2841**

Daytime Phone #

CR2E034 (10/02)