

2001 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED

Jun 07, 2001 8:00 am
Secretary of State

05-02-2001 90146 004 ***150.00

DOCUMENT # P00000047479

1. Entity Name

MICHAEL G. KNETTEL & CO., INC.

Principal Place of Business

9555 BLIND PASS ROAD #42
ST. PETE BEACH FL 33706

Mailing Address

PO BOX 13226
ST. PETERSBURG FL 33733

2. Principal Place of Business

574 1ST AVENUE No.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FLORIDA

City & State

Zip

33701

Country

PINELLAS

Zip

Country

4. FEI Number

59-3644020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNETTEL, MICHAEL G SR
9555 BLIND PASS RD #42
ST PETE BEACH FL 33733

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

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

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME MICHAEL G. KNETTEL

STREET ADDRESS 574 1ST AVE. No.

CITY-ST-ZIP ST. PETERSBURG, FL. 33733

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME CHAIRMAN, CEO - SEC.

STREET ADDRESS KATHRYN M. BARKER

CITY-ST-ZIP 574 1ST AVE. No.

ST. PETERSBURG, FL. 33701

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)