

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90075 027 ***150.00

DOCUMENT # P00000082633

1. Entity Name
MENKE REALTY COMPANY, INC.

Principal Place of Business
 2000 Webber St.
 1819 OLEANDER STREET
 SARASOTA FL 34239

Mailing Address
 1807
 1819 OLEANDER STREET
 SARASOTA FL 34239



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2000 Webber St
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Sarasota FL

City & State

Zip 34239 **Country** Sarasota

Zip **Country**

4. FEI Number 36-4388930 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MENKE, LINDA
 1819 OLEANDER STREET 1807 Oleander St
 SARASOTA FL 34239

7. Name and Address of New Registered Agent
 Name Linda Menke
 Street Address (P.O. Box Number is Not Acceptable) 1807 Oleander Street
 City Sarasota FL Zip Code 34239

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 reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENKE, LINDA 1819 OLEANDER STREET 1807 Oleander St SARASOTA FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Menke 1807 Oleander Street Sarasota FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Linda Menke **2/12/02** **941 316-6566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)