

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000085160**1. Entity Name
KLENNER GROUP, INC.

Principal Place of Business 2338 IMMOKALEE ROAD STE 185 NAPLES FL 34110	Mailing Address 2338 IMMOKALEE ROAD STE 185 NAPLES FL 34110
---	---

2. Principal Place of Business 2338 IMMOKALEE ROAD	3. Mailing Address 2338 IMMOKALEE ROAD
---	---

Suite, Apt. #, etc. SUITE # 185	Suite, Apt. #, etc. SUITE # 185
------------------------------------	------------------------------------

City & State NAPLES FL	City & State NAPLES FL
---------------------------	---------------------------

Zip 34110	Country	Zip 34110	Country
--------------	---------	--------------	---------

4. FEI Number 59-3670742	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentKLENNER FRANK
2338 IMMOKALEE ROAD STE 185

NAPLES FL 34110 US**7. Name and Address of New Registered Agent**Name
KLENNER FRANK
Street Address (P.O. Box Number is Not Acceptable)
913 CARRICK BEND CIRCLE
202
City
NAPLES FL Zip Code
34110

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 _____ **04/02/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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**

TITLE	DSV	<input type="checkbox"/> Delete
NAME	KLENNER FRANK	
STREET ADDRESS	2338 IMMOKALEE ROAD STE 185	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KLENNER TERESA	
STREET ADDRESS	2338 IMMOKALEE ROAD STE 185	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: FRANK KLENNER

DSV 04/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)