

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 93649 035 ***550.00

0564394 AV

DOCUMENT # P00000092229

1. Entity Name
RON KNEER CARPENTRY, INC.

Principal Place of Business
**1196 COUNTRY GARDEN LN
 FORT PIERCE FL 34982**

Mailing Address
**1196 COUNTRY GARDEN LN
 FORT PIERCE FL 34982**



2. Principal Place of Business
**195 Country Circle Dr. East
 Suite, Apt. #, etc.
 Daytona Bch, FL**

3. Mailing Address
**195 Country Circle Dr. East
 Suite, Apt. #, etc.
 Daytona Bch, FL**

DO NOT WRITE IN THIS SPACE

City & State
Daytona Bch, FL

City & State
Daytona Bch, FL

4. FEI Number **65-1049855**

Applied For
☐ Not Applicable

Zip **32128** Country **Volusia**

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

6. Name and Address of Current Registered Agent
**KNEER, RONALD
 1196 COUNTRY GARDEN LANE
 FORT PIERCE FL 34982**

7. Name and Address of New Registered Agent
 Name **Ronald Kneer**
 Street Address (P.O. Box Number is Not Acceptable)
**195 Country Circle Dr. East
 Daytona Bch, FL**
 City **Daytona Bch, FL** Zip Code **32128**

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 **4-30-02**
 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. ☒ (See criteria on back)

**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 KNEER, RONALD 1196 COUNTRY GARDEN LANE FORT PIERCE FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. Kneer, Ronald 195 country circle Dr. East Daytona Bch, FL 32128 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNEER, PAMELA 1196 COUNTRY GARDEN LANE FORT PIERCE FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pamela Kneer 195 country circle Drive East Daytona Bch, FL 32128 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John L. Kneer 5108 Palm Dr. Fort Pierce, FL 34982 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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

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: **4-30-02** **322-3231**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)