

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092950

1. Entity Name

KOLDENHOVEN & ASSOCIATES V, INC.

Principal Place of Business

301 S. MILWEE ST.
LONGWOOD FL 32750

Mailing Address

301 S. MILWEE ST.
LONGWOOD FL 32750

2. Principal Place of Business

235 Coastline Rd
Suite, Apt. #, etc.

3. Mailing Address

235 Coastline Rd
Suite, Apt. #, etc.

City & State

Sanford, FL
Zip 32771 Country

City & State

Sanford, FL
Zip 32771 Country

4. FEI Number

59-3673059

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOHEN, ROBERT C
301 S. MILWEE ST.
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

Linda Koldenhoven
Street Address (P.O. Box Number is Not Acceptable)
235 Coastline Rd

City

Sanford

FL

Zip Code

32771

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

Linda Koldenhoven

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Linda Koldenhoven

April 30-01

407-302-
2272 X100

FILED

01 NOV -5 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5/7/01 DO NOT WRITE IN THIS SPACE 70045 040 150.00

1/2 0048817

- Please Do Not Retach -



235 Coastline Road
Sanford, FL 32771

October 12, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Document #P00000092950
Koldenhoven & Associates V, Inc

It has come to our attention that the above referenced corporation has been dissolved due to no annual report being filed. Through conversations with the Division of Corporations we learned that our report, which was only missing a FEI number in block 4, was sent to the address of our former CPA for correction of the missing data. He apparently did not inform us that there was a problem with the report. Had we known that there was a problem we would have submitted the information that was requested and this would never have become an issue.

As requested by the Division of Corporations we have enclosed a copy of the report with block #4 completed, a copy of the cancelled check that we used to pay our annual fee as well as this letter of explanation to get the corporation back to an active status.

If you need further information please contact me at 407-302-2272.

Regards,

A handwritten signature in cursive script, appearing to read "Linda Koldenhoven".
Linda Koldenhoven
Vice-President

Enc.