## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 11, 2002 8:00 am DOCUMENT # P01000008482 **Secretary of State** 1. Entity Name 02-11-2002 90085 030 \*\*\*150.00 KEN GUENGERICH CONSTRUCTION, INC. Principal Place of Business Mailing Address 4822 SAWYER PINES RD 4822 SAWYER PINES RD SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address 13132 BROADSTONE 13132 BROADSTONE LN DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For SARASOTA 65-1071324 SARASOTA Not Applicable Zip Country Zip \_ Country \$8.75 Additional 5. Certificate of Status Desired 34240 34240 USAUSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOCK. VICKIE Street Address (P.O. Box Number is Not Acceptable) 4822 SAWYER PINES RD SARASOTA FL 34233 Zin Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01)PRESIDENT ☐ Addition TITLE ☐ Delete TITLE. KEN Guengerich Guengerich, Ken NAME NAME 13132 BROADSTONE LN. CR2E034 4822 SAWYER PINES RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP SARASOTA. ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME erdman, bob STREET ADDRESS STREET ADDRESS 1503 DARTMOUTH DR CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34207 Change Addition Deiete TITLE ---NAME PEMBLETON, SHAAN NAME STREET ADDRESS STREET ADDRESS 849 LOCKLEAR AVE CITY-ST-ZIP SARASOTA FL 34237 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addless, with all other this empowered. - 24-02 941-379-8976 Date Davime Phone #