

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011008

1. Entity Name

KROON ENTERPRISES, INC.

Principal Place of Business

621 SABAL LAKE DR. APT 101
LONGWOOD FL 32779

Mailing Address

621 SABAL LAKE DR. APT 101
LONGWOOD FL 32779

2. Principal Place of Business

552 WHISPER WOOD DR.
Suite, Apt. #, etc.

3. Mailing Address

552 WHISPER WOOD DR.
Suite, Apt. #, etc.

City & State

LONGWOOD FL 32779

City & State

LONGWOOD FL 32779

4. FEI Number

59-3695336

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

PARRIS, KAREN L

621 SABAL LAKE DR, APT 101
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

552 WHISPER WOOD DR.

City

LONGWOOD

FL

Zip Code 32779

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. (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	KROON, JOEL D	621 SABAL LAKE DR, APT 101	LONGWOOD FL 32779	<input type="checkbox"/>
D	PARRIS, KAREN L	621 SABAL LAKE DR, APT 101	LONGWOOD FL 32779	<input type="checkbox"/>
D	TYLER, VICKY	3803 W HWY 441	PLYMOUTH FL 32768	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		552 WHISPER WOOD DR.	LONGWOOD FL 32779	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		552 WHISPER WOOD DR.	LONGWOOD FL 32779	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 28, 2002 8:00 am
Secretary of State

05-06-2002 90214 022 ***150.00



DO NOT WRITE IN THIS SPACE

CR2034 (9/01)