

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90009 001 ***158.75

DOCUMENT # **P01000011329**

1. Entity Name

**KRENN Lounge management
Company**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3744 Sunrise Oaks Dr. P.O. Box 291718

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port Orange, FL

City & State
Port Orange, FL

4. FEI Number
59-3711315

Applied For
Not Applicable

Zip
32129

Country
USA

Zip
32129

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Ronald J. Krenn

Street Address (P.O. Box Number is Not Acceptable)
3744 Sunrise Oaks Dr.

City
Port Orange **FL** Zip Code
32129

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

Ronald J. Krenn President 4/30/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President Ronald J. Krenn. 3744 Sunrise Oaks Dr Port Orange, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Becky L. Krenn 3744 Sunrise Oaks Dr. Port Orange, FL 32129
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Ronald J. Krenn
President**

4/30/02 386-304-0191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)