

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90126 050 ***158.75

DOCUMENT # P01000011329

1. Entity Name

KRENN LOUNGE MANAGEMENT COMPANY



Principal Place of Business

3744 SUNRISE OAKS DR

DAYTONA BEACH SHORES FL 32118

Mailing Address

P.O. BOX 291718

PORT ORANGE FL 32129

2. Principal Place of Business

825 Mockingbird Dr.

Suite, Apt. #, etc.

Port Orange, FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

32127

Country

USA

Zip

Country

4. FEI Number

59-3711315

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

11011301



6. Name and Address of Current Registered Agent

KRENN, RONALD J

3744 SUNRISE OAKS DR.

PORT ORANGE FL 32129

7. Name and Address of New Registered Agent

Name

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

825 Mockingbird Dr.

City

Port Orange

FL

Zip Code

32127

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ronald J. Krenn President

2/28/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KRENN, RONALD J**
STREET ADDRESS **3744 SUNRISE OAKS DR**
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE **VP** ☐ Delete
NAME **KRENN, BECKY L**
STREET ADDRESS **3744 SUNRISE OAKS DR**
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Becky L. Krenn Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)