

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90231 030 ***150.00

DOCUMENT # P01000046762

1. Entity Name
RAYMOND V. KONEN JR. INC.



Principal Place of Business
644 SATINLEAF AVENUE
OLDSMAR FL 34677

Mailing Address
644 SATINLEAF AVENUE
OLDSMAR FL 34677

10103971



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3619620**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KONEN, RAYMOND V JR
644 SATINLEAF AVENUE
OLDSMAR FL 34677

Name

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

City

FL

Zip Code

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KONEN, RAYMOND V JR**
STREET ADDRESS **644 SATINLEAF AVENUE**
CITY-ST-ZIP **OLDSMAR FL 34677**

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

☐ Delete
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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:

Raymond V. Konen Jr **REQUIRED** *Raymond V Konen Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-946-4127

CR2E034 (10/02)

Attachment

10103971
#P01000046762

May 8, 2003

Raymond V. Konen, Jr.
644 Satinleaf Avenue
Oldsmar, FL 34677

Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

I received your correspondence dated April 17, 2003 YESTERDAY regarding my previously submitted check. Corrections have been made and I am enclosing and returning all documents sent to me.

I am also enclosing a copy of the postmark indicating the date you mailed this correspondence to me. I find it interesting that your letter is dated almost 3 weeks prior to the May 5th postmark/ mailing. Your letter states that I have 30 days from the date of the letter to respond. I felt compelled to bring it to your attention that if I received your notice yesterday, May 7th, then I was only given 10 days to respond. If the letter is to be generated, then it should have been mailed to me in a timely fashion. I was "on hold" with your office for over an hour yesterday via phone to express my concerns but was unsuccessful at reaching anyone other than a repeating computerized recording.

With this in mind, I felt it in my best interest to return this letter certified mail in order to show proof of receipt and more importantly, your date of receipt.

Regards,


Raymond V. Konen, Jr.

Reference Number: P01000046762

Encl: 4