

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90151 021 ***150.00

DOCUMENT # P01000077916 NIC 

1. Entity Name

BARBARA KRIENES, P.A.

Principal Place of Business

6007 WAYCROSS DRIVE
 SPRING HILL FL 34606

Mailing Address

6007 WAYCROSS DRIVE
 SPRING HILL FL 34606

2. Principal Place of Business

8090 River Country Dr.

3. Mailing Address

8090 River Country Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Spring Hill, FL

4. FEI Number

59-3738158

Applied For

Not Applicable

Zip

34607-2124

Country

USA

Zip

34607-2124

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRIENES, BARBARA
 6007 WAYCROSS DRIVE
 SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name

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

8090 River Country Dr

City

Spring Hill

FL

Zip Code

34607-2124

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

April 16, 2002

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	D	<input type="checkbox"/> Delete
NAME	KRIENES, BARBARA	
STREET ADDRESS	6007 WAYCROSS DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Krienes, Barbara	
STREET ADDRESS	8090 River Country Dr.	
CITY-ST-ZIP	Spring Hill, FL 34607-2124	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 address, with all other like empowered.

SIGNATURE:  BARBARA KRIENES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-683-6901

4/15/02

CR2E034 (9/01)