

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91115 031 ***150.00

DOCUMENT # **P01000122326** ✓

1. Entity Name

WILLIAM A. DEITZ, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18140 SE Laurel Leaf Lane

Suite, Apt. #, etc.

3. Mailing Address

18140 SE Laurel Leaf Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tequesta, Florida

City & State
Tequesta, Florida

4. FEI Number
01-0570773

Applied For

Not Applicable

Zip
33469

Country
USA

Zip
33469

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Craig U. Kahle CPA PA

Street Address (P.O. Box Number is Not Acceptable)
1501 Presidential Way

Suite 16

City
West Palm Beach

FL

Zip Code
33401

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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
William A. Deitz
18140 SE Laurel Leaf Lane
Tequesta, Florida 33469

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
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:

William A. Deitz William A. Deitz Pres.

4/30/02

561-689-1220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #