

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90034 013 \*\*\*150.00

**DOCUMENT # P02000083434**

1. Entity Name  
**KRUNCHIE CORP.**



Principal Place of Business  
**6220 SO. ORANGE BLOSSOM TRAIL  
SUITE 170  
ORLANDO FL 32809**

Mailing Address  
**6220 SO. ORANGE BLOSSOM TRAIL  
SUITE 170  
ORLANDO FL 32809**

**90005338**



2. Principal Place of Business  
**1319 Country Ridge Pl.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1319 Country Ridge Pl.**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Orlando, FL**  
Zip  
**32835**  
Country  
**USA**

City & State  
**Orlando, FL**  
Zip  
**32835**  
Country  
**USA**

4. FEI Number  
**13-3946142**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CALVO, MICHAEL  
6220 SO. ORANGE BLOSSOM TRAIL  
SUITE 170  
ORLANDO FL 32809**

**7. Name and Address of New Registered Agent**

Name  
**Michael Calvo**  
Street Address (P.O.-Box Number is Not Acceptable)  
**1319 Country Ridge Place**  
City  
**Orlando** **FL** Zip Code  
**32835**

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

**1/14/03**

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CALVO, MICHAEL</b>
STREET ADDRESS	<b>6220 SO. ORANGE BLOSSOM TRAIL STE 170</b>
CITY-ST-ZIP	<b>ORLANDO FL 32809</b>
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michael Calvo</b>
STREET ADDRESS	<b>1319 Country Ridge Place</b>
CITY-ST-ZIP	<b>Orlando, FL 32835</b>
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	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/03**

Date

Daytime Phone #

CR2E034 (10/02)