

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008060

1. Entity Name

KOLDENHOVEN AND ASSOCIATES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90005 022 ***150.00

Principal Place of Business

Mailing Address

235 COASTLINE RD
 SANFORD FL 32771
 US

235 COASTLINE RD
 SANFORD FL 32771-6659
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3163672

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KOLDENHOVEN, LINDA G
 2984 ALATKA COURT
 LONGWOOD FL 32779

Name

KOLDENHOVEN, LINDA G

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

104 SPRING LAKE LN

City

ALTAMONTE SPRINGS,

FL

Zip Code

32714

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

Linda Kolden

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
 NAME KOLDENHOVEN, LINDA G
 STREET ADDRESS 2984 ALATKA COURT
 CITY-ST-ZIP LONGWOOD FL 32779

TITLE PSTD ☒ Change ☐ Addition
 NAME KOLDENHOVEN, LINDA G
 STREET ADDRESS 104 SPRING LAKE LANE
 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE VP ☐ Delete
 NAME KOLDENHOVEN, KENNETH
 STREET ADDRESS 2984 ALATKA COURT
 CITY-ST-ZIP LONGWOOD FL 32779

TITLE VP ☒ Change ☐ Addition
 NAME KOLDENHOVEN, KENNETH
 STREET ADDRESS 104 SPRING LAKE LANE
 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

Linda Kolden
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00

Date

407-302-2272

Daytime Phone #

CR2E034 (9/99)