

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90097 007 ***558.75

DOCUMENT # P93000008060

1. Entity Name

KOLDENHOVEN AND ASSOCIATES, INC.



Principal Place of Business

**235 COASTLINE RD
SANFORD FL 32771
US**

Mailing Address

**235 COASTLINE RD
SANFORD FL 32771
US**

2. Principal Place of Business

4395 St. John Parkway
Suite, Apt. #, etc.

3. Mailing Address

4395 St. John Parkway
Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

SANFORD FL

4. FEI Number

59-3163672

Applied For

Not Applicable

Zip

Country

32771

Zip

Country

32771

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KOLDENHOVEN, LINDA G
104 SPRING LAKE LN
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

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

Linda F. Kolden

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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	PSTD	<input type="checkbox"/> Delete
NAME	KOLDENHOVEN, LINDA G	
STREET ADDRESS	104 SPRING LAKE LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KOLDENHOVEN, KENNETH	
STREET ADDRESS	104 SPRING LAKE LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Linda F. Kolden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)