

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083277

1. Entity Name
RON KOLLOFF, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90258 013 ***158.75

Principal Place of Business

2124 OLD VILLAGE WAY
OLDSMAR FL 34677-037
US

Mailing Address

2124 OLD VILLAGE WAY
OLDSMAR FL 34677-037
US

704039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1440 DUNCAN Loop SOUTH

3. Mailing Address

1440 DUNCAN Loop SOUTH

Suite, Apt. #, etc.

4-104

Suite, Apt. #, etc.

4-104

City & State

DUNEDIN, FL

City & State

DUNEDIN, FL

4. FEI Number 59-3215025

Applied For

Not Applicable

Zip

34698

Country

USA

Zip

34698

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOLLOFF, RONALD K
2124 OLD VILLAGE WAY
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name

KOLLOFF, RONALD K

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

1440 DUNCAN Loop SOUTH

4-104

City

DUNEDIN

FL

Zip Code

34698

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

R. Kolloff

01-13-01

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	KOLLOFF, RON	
STREET ADDRESS	2124 OLD VILLAGE WAY	
CITY-ST-ZIP	OLDSMAR FL 34677	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLLOFF, RON	
STREET ADDRESS	1440 DUNCAN Loop SOUTH	
CITY-ST-ZIP	# 4-104 DUNEDIN, FL 34698	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-01

Date

1-888-818-9074

Daytime Phone #

CR2E034 (10/00)