

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 07, 2001 8:00 am**
Secretary of State

05-07-2001 90029 023 ***150.00

DOCUMENT # P94000068785

1. Entity Name

KRB MANAGEMENT, INC.

Principal Place of Business

**4305 VINELAND ROAD
SUITE G15A
ORLANDO FL 32811**

Mailing Address

**4305 VINELAND ROAD
SUITE G15A
ORLANDO FL 32811**

2. Principal Place of Business

4307 Vineland Road

3. Mailing Address

4307 Vineland Road

Suite, Apt. #, etc.

Suite H 12

Suite, Apt. #, etc.

Suite H 12

City & State

Orlando FL

City & State

Orlando FL

Zip

Country

32811

Zip

Country

32811

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUGGE, KENNETH R
4305 VINELAND ROAD SUITE G15A
ORLANDO FL 32811**

Name

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

**4307 Vineland Road
Suite H 12**

City

Orlando**FL**Zip Code
32811

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) ☐**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PS BUGGE, KENNETH R	4305 VINELAND ROAD SUTIE G15A	ORLANDO FL 32811	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		4307 Vineland Road Suite H 12	Orlando FL 32811		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

Date

Daytime Phone #

4/30/2001 407 650 1958

CR2E034 (10/00)