

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0415879 AV

DOCUMENT # P95000042445

1. Entity Name

GEORGE KRELL ENTERPRISES, INC.

03-06-2002 90051 040 ***150.00

Principal Place of Business

~~1800 E COLSON ROAD~~
PLANT CITY FL 33567
US

Mailing Address

~~1800 E COLSON ROAD~~
PLANT CITY FL 33567
US

008211



2. Principal Place of Business

4010 CONCORD WAY

Suite, Apt. #, etc.

3. Mailing Address

4010 CONCORD WAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANT CITY FL

Zip

33567

Country

USA

City & State

PLANT CITY FL

Zip

33567

Country

USA

4. FEI Number

59-3296853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KRELL, GEORGE
1800 E COLSON ROAD
PLANT CITY FL 33567

7. Name and Address of New Registered Agent

Name **KRELL, GEORGE**
 Street Address (P.O. Box Number is Not Acceptable)
4010 CONCORD WAY

City **PLANT CITY** **FL** Zip Code **33567**

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	KRELL, GEORGE	
STREET ADDRESS	1800 E COLSON ROAD	
CITY-ST-ZIP	PLANT CITY FL 33567	
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	<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
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STREET ADDRESS	
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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 an other like empowered.

SIGNATURE:

George Krell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02 **813-754-7697**
 Date Daytime Phone #

CR2E034 (9/01)