

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013972

1. Entity Name

KELZER CONCRETE CUTTING, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

04-13-2000 90108 040 ***150.00

Principal Place of Business

Mailing Address

~~741 SAXBY AVENUE~~
~~ORLANDO FL 32835~~

~~741 SAXBY AVENUE~~
~~ORLANDO FL 32835-1014~~

2. Principal Place of Business

13312 W. Colonial Dr #2

Suite, Apt. #, etc.

3. Mailing Address

13312 W. Colonial Dr #2

Suite, Apt. #, etc.

City & State

Winter Garden, FL

City & State

Winter Garden, FL

Zip

34787

Country

USA

Zip

34787

Country

USA

4. FEI Number

59-3362629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELZER, KENNETH R
741 SAXBY AVENUE
ORLANDO FL 32835

3912 Ballinore Place
Gotha, FL 34734

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.

SIGNATURE

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

(NOTE: Registered Agent's 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KELZER, KENNETH R	
STREET ADDRESS	741 SAXBY AVENUE	P.O. Box 934
CITY-ST-ZIP	ORLANDO FL 32835	Gotha, FL 34734
TITLE	VP	<input type="checkbox"/> Delete
NAME	KELZER, JODI L	
STREET ADDRESS	741 SAXBY AVE	P.O. Box 934
CITY-ST-ZIP	ORLANDO FL	Gotha, FL 34734
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	3912 Ballinore Place
CITY-ST-ZIP	Gotha, FL 34734
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3912 Ballinore Place
CITY-ST-ZIP	Gotha, FL 34734
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00 407-654-7555

Date

Daytime Phone #

CR2E034 (9/99)