

FILED
Jun 13, 2003 8:00 am
Secretary of State

06-13-2003 90058 045 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007562			
1. Entity Name KETTENRING & ASSOCIATES, INC.			
Principal Place of Business 1451 W. CYPRESSCREEK RD. SUITE 300 FT. LAUDERDALE, FL 33309		Mailing Address 1451 W. CYPRESSCREEK RD. SUITE 300 FT. LAUDERDALE, FL 33309	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3471582		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KETTENRING, MICHAEL 1580 PELICAN AVE NAPLES, FL 34102		7. Name and Address of New Registered Agent Name M. KETTENRING Street Address (P.O. Box Number is Not Acceptable) 1451 W. CYPRESS CREEK RD # 300 City FT. LAUDERDALE FL Zip Code 33309	
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 		DATE 3/10/03	
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KETTENRING, MICHAEL 1580 PELICAN AVE NAPLES, FL 34102	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1451 W. CYPRESS CREEK RD # 300 FT. LAUDERDALE, FL 33309	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and 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 not to be screened, with all other like empowered.			
SIGNATURE: 		DATE 3/10/03	

90139506

☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)