

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038000

1. Entity Name
J. MUENCH INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90097 037 ***150.00

Principal Place of Business

4361 81ST AVE. N.
PINELLAS PARK FL 33781
US

Mailing Address

4361 81ST AVE. N.
PINELLAS PARK FL 33781
US

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 **59-3447137**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENCH, JUDY
4361 81ST AVENUE NORTH
PINELLAS PARK FL 33781

Name **MUENCH, Judy**

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 *Judy L. Muench*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/01

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 **D MUENCH, JUDY** ☐ Delete
STREET ADDRESS **4361 81ST AVENUE NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE
NAME **VICE PRESIDENT WALTER MUENCH** ☐ Change ☒ Addition
STREET ADDRESS **4361 81ST AVE N.**
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VICE PRESIDENT JOHN MUENCH** ☐ Change ☒ Addition
STREET ADDRESS **8800 BARDMORE BLVD, #18**
CITY-ST-ZIP **LARGO, FL. 33777**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: *Judy L. Muench*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDY L. MUENCH

Date

Daytime Phone #

3/5/01

CR2E034 (10/00)