

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # P97000038480

1. Entity Name

KOOGLE ENTERPRISES, INC.

FILED

May 22, 2000 8:00 am
Secretary of State

04-10-2000 90092 003 ***150.00

Principal Place of Business

6188 TAYLOR ROAD
SUITE 114
NAPLES FL 34109

Mailing Address

6188 TAYLOR ROAD
SUITE 114
NAPLES FL 34109-1824

2. Principal Place of Business

1019 COLLIER CENTER WAY #103

3. Mailing Address

1019 COLLIER CENTER WAY

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

#103

City & State

NAPLES, FL.

City & State

NAPLES, FL.

Zip

34110

Country

U.S.A.

Zip

34110

Country

U.S.A.

4. FEI Number

65-0746726

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOOGLE 341092089 1C99 13
NOTIFY SENDER OF NEW ADDRESS
KOOGLE ENTERPRISES
1019 COLLIER CENTER WAY #103
NAPLES FL 34110-8458

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The

Signature of registered agent 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, 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 ☐ Delete
NAME D
STREET ADDRESS KOOGLE, GREGORY
CITY-ST-ZIP 6188 TAYLOR ROAD, #114
NAPLES FL 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00 (941) 566-0620

Date

Daytime Phone #

CR2E034 (9/99)