2002 Uniform Business Report (UBR)

changed, or on an attachment with a

SIGNATURE

SIGNATURE:

Mar 27, 2002 8:00 am Secretary of State DOCUMENT # P97000050316 1. Entity Name 03-27-2002 90014 004 ***150.00 GUENTHER ENTERPRISE, INCORPORATED Principal Place of Business Mailing Address 1832 WABASO DR 1832 WABASO DR WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0755706 Not Applicable Zip Country \$8.75 Additional___ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANK, HERBERT H Street Address (P.O. Box Number is Not Acceptable) 1832 WABASSO DR., SUITE 5 WEST PALM BEACH FL 33409 City 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 signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (9/01) ☐ Delete TITLE ☐ Change ☐ Addition NAME FRANK, JUDITH K NAME STREET ADDRESS 3819 WEST GATE AVE SUITE 6 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP TITLE **VS** ☐ Delete TITLE ☐ Change ☐ Addition NAME FRANK, HERBERT H NAME STREET ADDRESS 3819 WEST GATE AVE SUITE 6 STREET ADDRESS CITY-ST-ZIP WEST-PALM BEACH: FL-33409 CITY-ST-ZIP___ TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED