

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90164 007 ***150.00

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DOCUMENT # P97000050469

1. Entity Name
PAUL KRUGER, P.A.



Principal Place of Business
**8720 S.W. STATE ROAD 200
UNITS 6 & 7
OCALA FL 34476**

Mailing Address
**8720 S.W. STATE ROAD 200
UNITS 6 & 7
OCALA FL 34476**



2. Principal Place of Business
8550 SW STATE ROAD 200
Suite, Apt. #, etc.

3. Mailing Address
8550 SW STATE ROAD 200
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
OCALA FL.

City & State
OCALA FL.

4. FEI Number
59-3453418

Applied For
Not Applicable

Zip
34481 Country
USA

Zip
34481 Country
USA

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

**KRUGER, PAUL
8720 S.W. STATE ROAD 200
UNITS 6 & 7
OCALA FL 34481**

Name
KRUGER, PAUL
Street Address (P.O. Box Number is Not Acceptable)
8550 SW. STATE ROAD 200
City
OCALA FL Zip Code
34481

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D KRUGER, PAUL
8720 S.W. STATE ROAD 200, UNIT 6 & 7
OCALA FL 34476** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D KRUGER PAUL
8550 SW STATE ROAD 200
OCALA FL. 34481** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

4-15-03

352-861-2411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)