

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90022 045 \*\*\*150.00

**DOCUMENT # P98000003100**

1. Entity Name  
**CHARLES E. KREUGER, INC.**

Principal Place of Business

**8350 WINGATE DRIVE  
 911  
 SARASOTA FL 34238**

Mailing Address

**8350 WINGATE DRIVE  
 911  
 SARASOTA FL 34238**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KRUGER, CHARLES  
 1815 FIELD RD  
 SARASOTA FL 34231**

→ address  
 change

7. Name and Address of New Registered Agent

Name **Charles Kruger**

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

**@350 Wingate Drive, #911**

City **Sarasota**

**FL**

Zip Code **34238**

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

*Charles Kruger*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/02**

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, 2002 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 **P** ☐ Delete  
 NAME **KRUGER, CHARLES**  
 STREET ADDRESS **1815 FIELD RD**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **ST** ☐ Delete  
 NAME **KRUGER, ROBIN**  
 STREET ADDRESS **1815 FIELD RD**  
 CITY-ST-ZIP **SARASOTA FL 34231**

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 **P** ☒ Change ☐ Addition  
 NAME **Charles Kruger** **Address change**  
 STREET ADDRESS **@350 Wingate Dr. #911**  
 CITY-ST-ZIP **Sarasota, FL 34238**

TITLE **ST** ☒ Change ☐ Addition  
 NAME **Robin Kruger** **Address change**  
 STREET ADDRESS **@350 Wingate Dr. #911**  
 CITY-ST-ZIP **Sarasota, FL 34238**

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:

*Charles L. Kruger*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/22/02**

**941 9365-3083**

CR2E034 (9/01)