

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90225 035 ***150.00

DOCUMENT # P98000018219

1. Entity Name

KAMMERGRUBER CORP

Principal Place of Business

**2600 E. 10TH STREET
 LEHIGH ACRES FL 33972
 US**

Mailing Address

**1100 PONDELLA ROAD
 UNIT #514
 NORTH FORT MYERS FL 33903
 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 **65-0816091**

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

**TREALOUT, PENNYLYNN A CPA
 1100 PONDELLA ROAD, UNIT #514
 NORTH FORT MYERS FL 33903**

Name

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

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, 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 ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **KAMMERGRUBER, GOTTFRIED**
 CITY-ST-ZIP **2600 E 10TH STREET
 LEHIGH ACRES FL 33972**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **WALBRUN-KAMMERGRUBER, BRIGITTE**
 CITY-ST-ZIP **2600 E 10TH STREET
 LEHIGH ACRES FL 33972**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **KAMMERGRUBER, MICHAEL**
 CITY-ST-ZIP **2600 E 10TH STREET
 LEHIGH ACRES FL 33972**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
 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: *Pennylyn A. Trealout, CPA, POA*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01 (941) 458-1850
 Date Daytime Phone #

CR2E034 (10/00)

Form **2848**

(Rev. December 1997)

Department of the Treasury
Internal Revenue Service**Power of Attorney
and Declaration of Representative**

▶ See the separate instructions.

attachment
#D98006018219
D00508000

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone () _____

Function _____

Date / / _____

Part I Power of Attorney (Please type or print.)**1 Taxpayer Information** (Taxpayer(s) must sign and date this form on page 2, line 9.)

Taxpayer Name(s) and Address

Kammergruber Corp.

22197 North River Road

Alva, FL 33920

Social Security Number(s)

Employer Identification Number

65-0816091

Plan Number (if applicable)

Daytime Telephone Number

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) (Representative(s) must sign and date this form on page 2, Part II.)

Name and address:

Pennylynn A. Trealout, CPA
1100 Pondella Road, Unit #514
North Fort Myers, FL 33903

CAF No. 6506-11093R

Telephone No. (941) 458-1850

Fax No. (941) 458-1850

Check if new: Address ☐ Telephone No. ☐

Name and address

CAF No. _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐

Name and address

CAF No. _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax Matters

Type of Tax (Income, Employment, Excise, etc)	Tax Form Number (1040, 941, 720, etc)	Year(s) or Period(s)
Uniform Business Report	UBR	2001

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. (See instruction for Line 4 – Specific uses not recorded on CAF.) ☐**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see instruction for Line 5 – Acts authorized).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____

Note: In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub 470, for more information.**Note:** The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the instructions for more information.**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **But Not to Endorse or Cash**, refund checks, initial here _____ and list the name of that representative below.Name of representative to receive
refund check(s) _____ ▶**BAA For Paperwork Reduction and Privacy Act Notice, see the separate instructions.**

Form 2848 (12-97)

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2 unless you check one or more of the boxes below.

- a** If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box ☒
- b** If you also want the second representative listed to receive a copy of such notices and communications, check this box ☐
- c** If you do not want any notices or communications sent to your representative(s), check this box ☐

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐

You Must Attach a Copy of Any Power of Attorney You Want to Remain in Effect.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► If Not Signed and Dated, this Power of Attorney Will be Returned.

Gottfried Kammergruber *02-15-2000* *President*
 Signature Date Title (if applicable)
 Gottfried Kammergruber
 Print Name
B Walbrun-Kammergruber *02-15-2000* *Vice-President*
 Signature Date Title (if applicable)
 Brigitte Walbrun-Kammergruber
 Print Name

Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a** Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b** Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c** Enrolled Agent — enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d** Officer — a bona fide officer of the taxpayer's organization.
 - e** Full-Time Employee — a full-time employee of the taxpayer.
 - f** Family Member — a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - g** Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
 - h** Unenrolled Return Preparer — an unenrolled return preparer under section 10.7(c)(viii) of Treasury Department Circular No. 230.

► If this Declaration of Representative is Not Signed and Dated, the Power of Attorney Will be Returned.

Designation — Insert above letter (a - h)	Jurisdiction (state) or Enrollment Card No.	Signature	Date
b	Florida	<i>Perlynn A. Trede, CPA</i>	<i>2-15-00</i>