

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

01 JAN 18 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

2000-01 UBR

DOCUMENT # P98000041844

1. Entity Name
FRANK Kirchner Inc of SW Fla

Principal Place of Business Mailing Address
915 SW 34 Terr
Cape Coral FL 33914

2. Principal Place of Business **3. Mailing Address**
SW Florida 915 SW 34 TERR
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
CAPE Coral FL
Zip Country Zip Country
33914 Lee

4. FFI Number **Applied For**
05-0836104 Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Deroven, Shelly A
1953 Colonial Blvd
FL Myers, FL 33907 US

7. Name and Address of New Registered Agent
Name: FRANK Kirchner
Street Address (P.O. Box Number is Not Acceptable): 915 SW 34 Terr
Cape Coral
City: Cape Coral FL Zip Code: 33914

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: Frank Kirchner DATE: 12-10-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PTSD	☐ Delete
NAME	Frank R Kirchner	
STREET ADDRESS	915 SW 34 Terr	
CITY-ST-ZIP	Cape Coral FL 33914	
TITLE	UD	☐ Delete
NAME	James Wayne Boyd	
STREET ADDRESS	1830 Manawilla Ave Apt 515	
CITY-ST-ZIP	Fort Myers FL 33901	
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	400003618094-7	
STREET ADDRESS	-01/31/01--01075--004	
CITY-ST-ZIP	****158.75 ****158.75	
TITLE		☐ Change ☐ Addition
NAME	400003618094-7	
STREET ADDRESS	-01/31/01--01075--005	
CITY-ST-ZIP	****150.00 ****150.00	
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: Frank Kirchner **12-10-00** **941-945-3048**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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Thank you for your letter!

We have never received any of your mail!

It always has been sent to our accountant
Mrs. Deroun Shieley. She never informed us that we
had to pay.

Please if you would change the address and
send it directly to me so in the future we
can pay it on time.

Thank you for your understanding and
your kind help.

Thank you
Frank Kirchner