

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047567

1. Entity Name
MICHAEL KRANZ, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02-28-2001 90028 002 ***150.00

01 APR -3 AM 10:14

Principal Place of Business

Mailing Address

806 BLOOMINGDALE DR.
ORLANDO FL 32828

806 BLOOMINGDALE DR.
ORLANDO FL 32828

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 59-3520649

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MICHAEL KRANZ, P.A.
806 BLOOMINGDALE DR.
ORLANDO FL 32828

Name

Mary Kranz

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

806 Bloomingdale Dr

City

Orlando

FL

Zip Code 32828

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

Mary Kranz

3/31/01

Signature, typed or printed name of registered agent and date of filing. (NOTE: Registered Agent signature required when constituting)

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 NAME STREET ADDRESS CITY-ST-ZIP	D KRANZ, MICHAEL A 806 BLOOMINGDALE DR. ORLANDO FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Michael A Kranz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A Kranz

2/2/01

407-380-6834

CR2E034 (10/00)