

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064217

1. Entity Name

DKORTZENDORF ENTERPRISES INC.

Principal Place of Business

13670 SUGAR BOWL ROAD
MYAKKA CITY FL 34251

Mailing Address

13670 SUGAR BOWL ROAD
MYAKKA CITY FL 34251-5918

2. Principal Place of Business

13730 Sugar Bowl Rd

3. Mailing Address

13730 Sugar Bowl Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Myakka City FL

City & State

Myakka City FL

Zip

Country

34251 US

Zip

Country

34251 US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORTZENDORF, DENNIS L
13670 SUGAR BOWL ROAD
MYAKKA CITY FL 34251

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, 2000 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	KORTZENDORF, DENNIS	13670 SUGAR BOWL RD.	MYAKKA CITY FL 34251	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	KORTZENDORF, MARY JO	13670 SUGAR BOWL RD	MYAKKA CITY FL 34251	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dennis L Kortzendorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

9413220178

Daytime Phone #

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90131 009 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)