

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105191

1. Entity Name

JEFF KUHNERT ENTERPRISES, INC.

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

05-14-2001 90200 031 ***150.00

0085519

Principal Place of Business
1410 S.W. OLD DIXIE HIGHWAY
VERO BEACH FL 32962

Mailing Address
1410 S.W. OLD DIXIE HIGHWAY
VERO BEACH FL 32962

763820

2. Principal Place of Business
715 4TH PLACE

3. Mailing Address
715 4TH PLACE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Vero Beach

City & State
Vero Beach

4. FEI Number 65-0933825

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip 32962 Country Indian River

6. Name and Address of Current Registered Agent

KUHNERT, JEFFREY W
1410 S.W. OLD DIXIE HIGHWAY
VERO BEACH FL 32962

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
715 4TH PLACE

City Vero Beach, FL Zip Code 32962

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	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHNERT, JEFFREY W		NAME		
STREET ADDRESS	1410 S.W. OLD DIXIE HIGHWAY		STREET ADDRESS	715 4TH PLACE	
CITY-ST-ZIP	VERO BEACH FL 32962		CITY-ST-ZIP	Vero Beach, FL 32962	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHNERT, JEFFREY W		NAME		
STREET ADDRESS	715 4TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	Vero Beach, FL 32962		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 561-562-0883

Date

Daytime Phone #

CR2E034 (10/00)