

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003110

1. Entity Name

DENNIS GROSSKREUTZ HOME AND CONDO REPAIR, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90394 030 ***150.00

Principal Place of Business

Mailing Address

729 WOOD LANE
SARASOTA FL 34237

729 WOOD LANE
SARASOTA FL 34237-5524

2. Principal Place of Business

3. Mailing Address

2814 Tangelo Drive
Sarasota

2814 Tangelo Dr.
Sarasota

City & State
FL 34239

City & State
FL 34239

4. FEI Number 65-0888214

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

GROSSKREUTZ, DENNIS J
729 WOOD LANE
SARASOTA FL 34237

Name
Street Address (P.O. Box Number is Not Acceptable)
2814 Tangelo Drive
City Sarasota FL 34239
Zip Code FL

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	D	<input type="checkbox"/> Delete
NAME	GROSSKREUTZ, DENNIS J	
STREET ADDRESS	729 WOOD LANE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)