

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016058

1. Entity Name

VELOCITY ENTERPRISES, INC.

Krenn Software, Inc.

Principal Place of Business

Mailing Address

648 SOUTH RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32114

648 SOUTH RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32114-4932

2. Principal Place of Business

3. Mailing Address

2636 S. Peninsula Dr.

P.O. Box 291718

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Daytona Beach Shores, FL

Port Orange, FL

Zip

Country

Zip

Country

32118

USA

32129

USA

4. FEI Number

Applied For

59-3634672

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, JERRY B

648 SOUTH RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32114

Name

Becky L. Krenn

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

2636 S. Peninsula Dr.

City

Daytona Beach Shores FL

Zip Code

32118

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)

X

**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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Becky L. Krenn	
STREET ADDRESS	2636 S. Peninsula Dr.	
CITY-ST-ZIP	Daytona Beach Shores, FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Becky L. Krenn, President

Date

Daytime Phone #

4/24/00 679-6907



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)