

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2000 8:00 am
Secretary of State
06-20-2000 90016 037 ***150.00

DOCUMENT # P99000019522
1. Entity Name
Kenneth G. Boegler, Inc. R

Principal Place of Business 6220 Troguois Ct.
Mailing Address Odessa, FL 33556

2. Principal Place of Business Suite, Apt. #, etc. TROQUOIS CT
3. Mailing Address SAME AS "BLOCK 2"
Suite, Apt. #, etc.
City & State FL
City & State
Zip **Country** **Zip** **Country**

N0065485

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3560922 **Applied For**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays St.
Tallahassee FL 32301-2525

7. Name and Address of New Registered Agent
Name KENNETH G. BOEGLER
Street Address (P.O. Box Number is Not Acceptable) 6220 TROQUOIS CT
City ODESSA **FL** **Zip Code** 33556

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 KENNETH G. BOEGLER **DATE** 4/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒ **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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	Kenneth G. Boegler <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6220 Troguois Ct.	NAME	
STREET ADDRESS	Odessa FL 33556	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	
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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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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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 limitations.
SIGNATURE: KENNETH G. BOEGLER, PRESIDENT **DATE** 4/24/00 **DAYTIME PHONE #** (813) 310-9094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)