

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90237 005 ***150.00

DOCUMENT # P99000019522

1. Entity Name

KENNETH G. BOEGLER, INC.

Principal Place of Business

**6220 IROQUIOS COURT
 ODESSA FL 33556**

Mailing Address

**6220 IROQUIOS COURT
 ODESSA FL 33556**

00001010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19127 LAKE AUDUBON DR

3. Mailing Address

19127 LAKE AUDUBON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3560922

Applied For

Not Applicable

Zip

Country

33647

Zip

Country

33647

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BOEGLER, KENNETH G
 6220 IROQUIOS CT
 ODESSA FL 33556**

7. Name and Address of New Registered Agent

Name **BOEGLER, KENNETH**

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

19127 LAKE AUDUBON DR

City

TAMPA

FL

Zip Code

33647

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, 2002 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 **D** ☐ Delete
 NAME **BOEGLER, KENNETH G**
 STREET ADDRESS **6220 IROQUIOS COURT**
 CITY-ST-ZIP **ODESSA FL 33556**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **BOEGLER, KENNETH G**
 STREET ADDRESS **19127 LAKE AUDUBON DR**
 CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 to this report, with all other like empowerments.

SIGNATURE:

KENNETH G. BOEGLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/02 (813) 601-8277

Daytime Phone #

CR2E034 (9/01)