Apr 30, 2002 8:00 am Secretary of State

04-30-2002 90155 034 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P99000022291

DOCUMENT # 1. Entity Name

KNOEPFLE, INC.

Principal Place of Business

4069 TAMIAMI TRAIL

PORT CHARLOTTE FL 33952

Mailing Address

5072 KEY LARGO DRIVE **PUNTA GORDA FL 33950** 

US

2. Principal Place o	f Business	3. Mailing Address				
Suite, Apt. #, etc		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-0896589 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

KNOEPFLE, DONALD W 5072 KEY LARGO DRIVE PUNTA GORDA FL 33950

	7.	Nar	ne a	nd /	Address	of New Reg	jiste	ered A	gent	
me	 	,,=-	-				_	~~~	:=	

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

City

(NOTE: Registered Agent signature required when reinstating)

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE . ☐ Addition KNOEPFLE, JEAN A NAME NAME 5072 KEY LARGO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **PUNTA GORDA FL 33950** CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME KNOEPFLE, DONALD W NAME STREET ADDRESS **5072 KEY LARGO DRIVE** STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33950** CITY-ST-ZIP TITLE \_\_\_ STD Delete ... ☐ Change ☐ Addition NAME KNOEPFLE, ELIZABETH G NAME STREET ADDRESS 5072 KEY LARGO DRIVE STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33950** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition □ Change STREET ADDRESS STREET ADDRESS CITY STEZIP TITLE NAME ... NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP