

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000027354

1. Entity Name

CLYDE R. KUNTZ III INC.

FILED
May 19, 2000 8:00 am
Secretary of State

04-27-2000 90082 030 ***150.00

Principal Place of Business

P.O. BOX 241
ROSELAND FL 32957

Mailing Address

P.O. BOX 241
ROSELAND FL 32957-0241

2. Principal Place of Business

917 Indian River Dr.

Suite, Apt. #, etc.

3. Mailing Address

917 Indian River Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sebastian, FL

Zip

32958

Country

Indian River

City & State

Sebastian, FL

Zip

32958

Country

Indian River

4. FEI Number

58-2200793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUNTZ, CLYDE III
13325 BAY ST.
ROSELAND FL 32957

7. Name and Address of New Registered Agent

Name: Clyde Kuntz III

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

917 Indian River Dr

City

Sebastian

FL

Zip Code

32958

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

Clyde Kuntz III, President

4/21/00

Signature typed or printed name of registered agent and title (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

TITLE	President	<input type="checkbox"/> Delete
NAME	Clyde Kuntz III	
STREET ADDRESS	917 Indian River Dr	
CITY-ST-ZIP	Sebastian, FL 32958	
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
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		<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		
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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:

Clyde Kuntz III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

561-388-0989

Daytime Phone #

CR2E034 (9/99)