

## 2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000106879

1. Entity Name

KRUKOW ENTERPRISES, INC.

Principal Place of Business

6720 LONE OAK BLVD.  
NAPLES FL 34109

Mailing Address

6720 LONE OAK BLVD.  
NAPLES FL 34109

2. Principal Place of Business

4585 Progress Ave

Suite, Apt. #, etc.

3. Mailing Address

4585 Progress Ave

Suite, Apt. #, etc.

City &amp; State

Naples, FL

Zip

34104

Country

USA

City &amp; State

Naples, FL

Zip

34104

Country

USA

4. FEI Number

59-3614398

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEEL, KELLY C P.A.  
6720 LONE OAK BLVD.  
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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          | D                    | <input type="checkbox"/> Delete            |
| NAME           | KRUKOW, ERIC J       |  |
| STREET ADDRESS | 2617 LONGBOAT DRIVE  |  |
| CITY-ST-ZIP    | NAPLES FL 34104      |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | KRUKOW, ERIC J       |  |
| STREET ADDRESS | 2617 LONGBOAT DRIVE  |  |
| CITY-ST-ZIP    | NAPLES FL 34108      |  |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | MOORE, TODD          |  |
| STREET ADDRESS | 4585 PROGRESS AVENUE |  |
| CITY-ST-ZIP    | NAPLES FL 34104      |  |
| 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          | D                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Krukow, Manfred  |  |
| STREET ADDRESS | 751 104th Ave N. |  |
| CITY-ST-ZIP    | Naples, FL 34108 |  |
| 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

Date

Daytime Phone #

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90113 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

2-16-00

(714) 643-3350