

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90184 045 ***150.00

DOCUMENT # P99000107298

1. Entity Name
KESSELRING BUILDING RESTORATION CONTRACTORS, INC



Principal Place of Business

**2223 12TH STREET
SARASOTA FL 34237**

Mailing Address

**2223 12TH STREET
SARASOTA FL 34237**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0967140

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KESSELRING, PAUL E JR.
2223 12TH STREET
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name **Laura A. Strub**
Street Address (P.O. Box Number is Not Acceptable)
2223 12th Street
City **Sarasota** FL **34237**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Laura Strub - President

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **KESSELRING, PAUL E JR.**
STREET ADDRESS **2223 12TH STREET**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **VP** ☐ Delete
NAME **STRUB, LAURA**
STREET ADDRESS **2223 12TH STREET**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **T** ☒ Delete
NAME **STRACHERN, NORMA**
STREET ADDRESS **24 E BAY RD # 16**
CITY-ST-ZIP **OSPREY FL 34229**

TITLE **VP** ☐ Delete
NAME **William F. Wheelock, JR**
STREET ADDRESS **2223 12th Street**
CITY-ST-ZIP **Sarasota FL 34237**

TITLE **VP** ☐ Delete
NAME **Aileen H. Hueter**
STREET ADDRESS **2365 Slough Rd.**
CITY-ST-ZIP **Sarasota FL 34240**

TITLE **J** ☐ Delete
NAME **Jason P Kesselring**
STREET ADDRESS **12013 Fountainbrook Blvd #1230**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laura Strub

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-03 941-371-0440

Date

Daytime Phone #

CR2E034 (10/02)