

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90280 015 ***150.00

DOCUMENT # P99000110580

1. Entity Name
KRECA, INC.

Principal Place of Business
1140 LEE BLVD. SUITE #201
LEHIGH ACRES FL 33970-1361

Mailing Address
P.O. BOX 1361
LEHIGH ACRES FL 33970-1361

2. Principal Place of Business

3. Mailing Address

1140 Lee Blvd.

Suite, Apt. #, etc.
Suite 101

City & State
Lehigh Acres

Zip
33936

Country
Lee

Zip

Country

4. FEI Number
65-1090899

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PFUNER, MR. HEINZ
1140 LEE BLVD., STE. 102
LEHIGH ACRES FL 33936-1361

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **D** ☐ Delete
PFUNER, HEINZ
 STREET ADDRESS **1140 LEE BLVD, SUITE #201**
 CITY-ST-ZIP **LEHIGH ACRES FL 33970-1361**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1140 LEE Blvd Suite 101**
 CITY-ST-ZIP

TITLE
 NAME **PSD** ☐ Delete
UREBS, ERWIN
 STREET ADDRESS **819 GLENN AVE**
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

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

TITLE
 NAME **VTD** ☐ Delete
UREBS, CATHERINE
 STREET ADDRESS **819 GLENN AVE**
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 with an address, with an other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02

238-369-8389

CR2E034 (9/01)