

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V03971

1. Entity Name

KUMPF BROTHERS, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90007 016 ***150.00

Principal Place of Business

Mailing Address

234 N OCEAN DRIVE
DERRFIELD BCH FL 33441

P O BOX 208
SUITE 2
WAYNESVILLE NC 28786-0208
US

2. Principal Place of Business

3. Mailing Address

333 Sunset Drive #908

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 908

City & State

City & State

FT. Lauderdale, FL

Zip

Country

Zip

Country

33301

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0307939

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERALD E KUMPF
333 SUNSET DR.
SUITE 908
FORT LAUDERDALE FL 33301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUMPF, GERALD E 333 SUNSET DR., #908 FT LAUDERDALE FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUMPF, CARL D SR 62 CHURCH STREET, SUITE 2 WAYNESVILLE NC 28786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

Gerald E. Kumpf, Pres

4/28/00

828-456-1052