

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90150 019 \*\*\*150.00

**DOCUMENT # V05323**

1. Entity Name

**AHRENS ENTERPRISES, INC.**

Principal Place of Business

**3750 INVESTMENT LANE  
 STE 2  
 W PALM BEACH FL 33404  
 US**

Mailing Address

**3750 INVESTMENT LANE  
 STE 2  
 W PALM BEACH FL 33404  
 US**

2. Principal Place of Business

**1461 KINETIC ROAD**

3. Mailing Address

**1461 KINETIC ROAD**

Suite, Apt. #, etc.

**LAKE PARK, FL**

Suite, Apt. #, etc.

**LAKE PARK, FL**

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0297589**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AHRENS, BARBARA  
 3750 INVESTMENT LANE  
 STE 2  
 W PALM BEACH FL 33404**

7. Name and Address of New Registered Agent

Name

**AHRENS BARBARA**

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

**1461 KINETIC ROAD**

**LAKE PARK**

City

**FL**

Zip Code

**33403**

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AHRENS, BARBARA</b>	
STREET ADDRESS	<b>3750 INVESTMENT LN STE 2</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AHRENS, RICHARD</b>	
STREET ADDRESS	<b>3750 INVESTMENT LANE STE 2</b>	
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1461 KINETIC ROAD</b>
CITY-ST-ZIP	<b>LAKE PARK FL 33403</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1461 KINETIC ROAD</b>
CITY-ST-ZIP	<b>LAKE PARK FL 33403</b>
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:

**Barbara Ahrens BARBARA AHRENS**

**4/20/01**

**561 863-9014**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)