

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91221 033 ***150.00

0471100 AV

DOCUMENT # V27511

1. Entity Name

FAEHNEL-DENTICE INVESTMENT, INC.

Principal Place of Business

**4620 LUCE RD
 LAKELAND FL 33813**

Mailing Address

**4620 LUCE ROAD
 LAKELAND FL 33813
 US**

2. Principal Place of Business

**5220 BRITANNY DR S.
 Suite, Apt. #, etc.
 # 801**

3. Mailing Address

**5220 BRITANNY DR S
 Suite, Apt. #, etc.
 # 801**

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33715

Country

Pine llas

Zip

33715

Country

Pine llas

6. Name and Address of Current Registered Agent

**FAEHNEL, WALTER K.
 4620 LUCE RD
 LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name **FAEHNEL, WALTER K**
 Street Address (P.O. Box Number is Not Acceptable)
**5220 BRITANNY DR S
 # 801**
 City **St. Petersburg** FL Zip Code **33715**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FAEHNEL, WALTER K.	
STREET ADDRESS	4620 LUCE RD	
CITY-ST-ZIP	LAKELAND FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES. DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER K. FAEHNEL	
STREET ADDRESS	5220 BRITANNY DR S. # 801	
CITY-ST-ZIP	St. Petersburg, FL	
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		
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-02 - 727-866-7852

Date

Daytime Phone #

CR2E034 (9/01)