


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91362 041 ***150.00

DOCUMENT # V43440	
1. Entity Name Guckenberg 'N Partners	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 235 CENTRAL AVE	3. Mailing Address 235 CENTRAL AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL	4. FEI Number 593130967	Applied For <input type="checkbox"/> No: Applicable
Zip 33701	Country US	Zip 33701	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name KENNETH GUCKENBERGER	
Street Address (P.O. Box Number is not acceptable) 255 8th AVE NE	
255 8th AVE N.E	
City ST. PETERSBURG	Zip Code FL 33701

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE DIRECTOR	NAME ROBERT G. GUCKENBERGER	TITLE	NAME
STREET ADDRESS 235 Central Avenue, St. Petersburg, FL	CITY- ST- ZIP 33701	STREET ADDRESS	CITY- ST- ZIP
TITLE V.P.	NAME Robert J. Guckenberg	TITLE	NAME
STREET ADDRESS 235 Central Avenue, St. Petersburg, FL	CITY- ST- ZIP 33701	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address, with another like empowerment.

SIGNATURE: **Robert G. Guckenberg** **Apr 22, 2003** **727-698-2130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)