

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V53391

1. Entity Name

DENNY KOLLMAYER AND ASSOCIATES, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90054 027 ***150.00

Principal Place of Business

Mailing Address

5155 1ST AVE SO
ST PETERSBURG FL 33707
US

5155 1ST AVE S
ST. PETERSBURG FL 33710-8050
US

00001114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5555 Central Avenue

3. Mailing Address

5555 Central Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, Fl.

City & State

St. Petersburg, Fl.

4. FEI Number

59-3134233

Applied For

Not Applicable

Zip

Country

33710

Zip

Country

33710

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

RAHDERT, GEORGE K.
535 CENTRAL AVE
ST PETERSBURG FL 33701

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	D	<input type="checkbox"/> Delete
NAME	KOLLMAYER, DENNIS D.	
STREET ADDRESS	5155 FIRST AVE S	
CITY-ST-ZIP	ST PETERSBURG 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		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kollmeyer, Dennis D	
STREET ADDRESS	5555 Central Avenue	
CITY-ST-ZIP	St. Petersburg, Fl. 33710	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kollmeyer, Betty L.	
STREET ADDRESS	5555 Central Avenue	
CITY-ST-ZIP	St. Petersburg, Fl. 33710	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis D. Kollmeyer 4/6/00 727-381-7714

Date

Daytime Phone #

CR2E034 (9/99)