

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V71840

1. Entity Name

DUKE KINTZ DESIGNS, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90125 048 \*\*\*150.00

Principal Place of Business

11021 BONNET HOLE DR  
THONOTOSASSA FL 33759  
US

Mailing Address

11021 BONNET HOLE DR  
THONOTOSASSA FL 33592  
US

2. Principal Place of Business

11021 Bonnet Hole Dr

Suite, Apt. #, etc.

3. Mailing Address

11021 Bonnet Hole Dr

Suite, Apt. #, etc.

City & State

Thonotosassa FL

Zip

33592

Country

US

City & State

Thonotosassa, FL

Zip

33592

Country

US

4. FEI Number

59-3149703

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OWENS, PARKER L.  
3109 WEST MARTIN LUTHER KING BLVD  
SUITE 151  
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

NA

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

NA

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

(NOTE: Registered Agent signature required when re-instating)

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 D ☐ Delete  
NAME KINTZ, RICHARD E., JR.  
STREET ADDRESS 11021 BONNET HOLE DR  
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE D ☐ Delete  
NAME KINTZ, LAURA A.  
STREET ADDRESS 11021 BONNET HOLE DR  
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 supplementary 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 persons.

SIGNATURE:

*Richard E. Kintz Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

813-986-5448

Date

Daytime Phone #

CR2E034 (10/00)