

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90020 038 \*\*\*150.00

**DOCUMENT # F00000007161**

1. Entity Name  
**JOHN VRATSINAS COMMERCIAL BUILDERS, INC.**

Principal Place of Business <del>206 SIXTH AVENUE 10TH FLOOR</del> <del>DES MOINES IA 50309</del>	Mailing Address <del>206 SIXTH AVENUE 10TH FLOOR</del> <del>DES MOINES IA 50309</del>
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2. Principal Place of Business <b>604 Locust</b>	3. Mailing Address <b>PO Box 7110</b>
Suite, Apt. #, etc. <b>618</b>	Suite, Apt. #, etc.

City & State <b>Des Moines, IOWA</b>	City & State <b>Des Moines IA</b>
Zip <b>50309</b>	Zip <b>50309</b>
Country <b>FOIK</b>	Country

4. FEI Number <b>42-1510760</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CPST</b> <b>VRATSINAS, JOHN</b> <del>206 SIXTH AVENUE 10TH FLOOR</del> <b>604 Locust Ste 618</b> <b>DES MOINES IA 50309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>VRATSINAS, JOHN</b> <del>206 SIXTH AVENUE 10TH FLOOR</del> <b>604 Locust Ste 618</b> <b>DES MOINES IA 50309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ DATE: **04/27/01** DAYTIME PHONE #: **515 2803830**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)