

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90122 023 ***150.00

0565463

DOCUMENT # F95000004550

1. Entity Name
KAZUNAS HOLDINGS, INC.

Principal Place of Business

Mailing Address

4715 THOMAS DR
 SUITE 502
 PANAMA CITY BCH FL 32408
 US

999 DANA AVE
 APT #3
 CINCINNATI OH 45229
 US

2. Principal Place of Business

3. Mailing Address

4819 SpyGlass Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City Bch, FL

4. FEI Number

65-0169729

Applied For

Not Applicable

Zip

Country

Zip

Country

32408

Bay

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

KAZUNAS, MICHAEL E
4715 THOMAS DR #502
PANAMA CITY BEACH FL 32408

Name

KAZUNAS, MICHAEL E.

Street Address (P.O. Box Number is Not Acceptable)

4819 SpyGlass Dr.

City

Panama City Bch

FL

Zip Code

42408

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

MICHAEL E KAZUNAS PRESIDENT

4/6/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
 NAME **KAZUNAS, MICHAEL E**
 STREET ADDRESS **4715 THOMAS DR #502**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE **PSD** ☒ Change ☐ Addition
 NAME **KAZUNAS, MICHAEL E.**
 STREET ADDRESS **4819 SPYGLASS DR**
 CITY-ST-ZIP **PANAMA CITY Bch, FL 32408**

TITLE **TD** ☐ Delete
 NAME **KAZUNAS, PENELOPE H**
 STREET ADDRESS **999 DANA AVE #3**
 CITY-ST-ZIP **CINCINNATI OH 45229**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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 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:

MICHAEL E KAZUNAS

MICHAEL E. KAZUNAS PRES

4/6/01

850 230 5694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)