

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90163 004 \*\*\*150.00

0098929 AV

**DOCUMENT # G68456**

1. Entity Name  
**K. J. L. AND COMPANY, CONTRACTORS, INC.**

Principal Place of Business

522 SE 22ND ST  
 CAPE CORAL FL 33990  
 US

Mailing Address

522 SE 22ND ST  
 CAPE CORAL FL 33990  
 US

DU155040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2342198**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

KARPINSKI, CHARLES F.  
 4427 SOUTHEAST 19TH AVENUE  
 CAPE CORAL FL 33904

Name **CHARLES F. KARPINSKI**

Street Address (P.O. Box Number is Not Acceptable)  
**522 SE 22ND ST**

City **CAPE CORAL** FL Zip Code **33990**

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

*Charles Karpinski*  
 Signature, typed or printed name of registered agent and, 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PD** ☐ Delete  
 NAME **KARPINSKI, CHARLES F.**  
 STREET ADDRESS **4427 S.E. 19TH AVENUE**  
 CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 supplement 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:

*Charles Karpinski*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/6/02 2285751311**

CR2E034 (4/02)

*Attachment*

K.J.L. & Co. Contractors Inc. # 368456  
522 S.E. 22 nd Street  
Cape Coral, Florida 33990


Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

8/6/2002

Dear Sirs,

The corporation never received this notice. Please note a address change on the form.  
Please wave the late fee. Enclosed is a check for \$150.00.

Respectfully,

  
Charles Karpinski

President

KJL & Co. Contractors Inc.