

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90006 049 ***150.00

0074158 AV

DOCUMENT # H69994

1. Entity Name

KULCHAWICK & SON FRAMERS, INC.

Principal Place of Business

Mailing Address

**1330 TAYLOR
 DELAND FL 32724-7550
 US**

**P.O. BOX 1400
 DELAND FL 32724-7550
 US**

2. Principal Place of Business

3. Mailing Address

135 Running Deer Tr
 Suite, Apt. #, etc.

135 Running Deer Tr
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE Helen FL

City & State

LAKE Helen FL

4. FEI Number

59-2581277

Applied For

Not Applicable

Zip

32744

Country

USA

Zip

32744

Country

USA

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

**KULCHAWICK, TERRANCE J
 1330 TAYLOR ROAD
 DELAND FL 32724**

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, 2002 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **KULCHAWICK, TERRANCE J**
 CITY-ST-ZIP **819 W OHIO STREET
 DELAND FL 33724**

TITLE ☐ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **KULCHAWICK, TERRANCE J**
 CITY-ST-ZIP **135 RUNNING DEER TRAIL
 LAKE HELEN, FL 32744**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **KULCHAWICK, STEVEN**
 CITY-ST-ZIP **1330 TAYLOR ROAD
 DELAND FL 32724**

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

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRANCE J

KULCHAWICK 3-26-02

Date

Daytime Phone #

CR2E034 (9/01)