

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H78228

1. Entity Name

LUCIAN KRAGIEL, BUILDER, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90057 029 ***150.00

Principal Place of Business

1502 NW 6TH STREET
SUITE A
GAINESVILLE FL 32601

Mailing Address

1502 NW 6TH STREET
SUITE A
GAINESVILLE FL 32601
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2570673

Applied For

Not Applicable

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

KRAGIEL, LUCIAN
1502 NW 6TH STREET
GAINESVILLE FL 32601

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, 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 VD
NAME KRAGIEL, LUCIAN
STREET ADDRESS 3105 NW 38TH ST
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

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

TITLE PTD
NAME REIFEL, ROBERT D.
STREET ADDRESS 2105 NW 9 AVE
CITY-ST-ZIP GAINESVILLE FL 32603 ☐ Delete

TITLE
NAME
STREET ADDRESS 2126 NW 11 AVE
CITY-ST-ZIP GAINESVILLE FL 32603 ☒ Change ☐ Addition

TITLE VD
NAME KRAGIEL, GREGORY P.
STREET ADDRESS 1125 N.W.-38TH ROAD
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

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

TITLE SD
NAME REIFEL, PATRICIA A.
STREET ADDRESS 2105 NW 9 AVE
CITY-ST-ZIP GAINESVILLE FL 32603 ☐ Delete

TITLE
NAME
STREET ADDRESS 2126 NW 11 AVE
CITY-ST-ZIP GAINESVILLE FL 32603 ☒ Change ☐ Addition

TITLE V
NAME STEPHENS, THOMAS
STREET ADDRESS 102 HOTEL ST
CITY-ST-ZIP MELROSE FL ☐ Delete

TITLE
NAME
STREET ADDRESS 102 HOTEL ST
CITY-ST-ZIP MELROSE FL 32666 ☒ Change ☐ Addition

TITLE V
NAME BRECKENRIDGE, KENNETH C.
STREET ADDRESS 2712 SW 34TH ST., #49
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS 7125 SW 77th Street
CITY-ST-ZIP GAINESVILLE FL 32608 ☒ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)