

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90088 020 ***150.00

DOCUMENT # H78228

1. Entity Name

LUCIAN KRAGIEL, BUILDER, INC.

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

**KRAGIEL, LUCIAN
 1502 NW 6TH STREET
 GAINESVILLE FL 32601**

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

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

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

TITLE **PTD** ☐ Delete
 NAME **REIFEL, ROBERT D.**
 STREET ADDRESS **2126 NW 11 AVE3**
 CITY-ST-ZIP **GAINESVILLE FL 32603**

TITLE **VD** ☐ Delete
 NAME **KRAGIEL, GREGORY P.**
 STREET ADDRESS **1125 N.W. 36TH ROAD**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **SD** ☐ Delete
 NAME **REIFEL, PATRICIA A.**
 STREET ADDRESS **2126 NW 11 AVE**
 CITY-ST-ZIP **GAINESVILLE FL 32603**

TITLE **V** ☐ Delete
 NAME **STEPHENS, THOMAS**
 STREET ADDRESS **102 HOTEL ST**
 CITY-ST-ZIP **MELROSE FL 32666**

TITLE **V** ☐ Delete
 NAME **BRECKENRIDGE, KENNETH C.**
 STREET ADDRESS **7125 SW 77TH STREET**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PTD** ☒ Change ☐ Addition
 NAME **REIFEL, ROBERT D.**
 STREET ADDRESS **2126 NW 11 AVE**
 CITY-ST-ZIP **GAINESVILLE FL 32603**

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

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

Lucian Kragiel, VP

Date

1-10-02 352-378-0521

Daytime Phone #

CR2E034 (9/01)