

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91337 043 ***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**

☒ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. 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 AVE**
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**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Lucian Kragiel

4/23/03

352-378-0521

Date

Daytime Phone #

CR2E034 (10/02)