

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J32208

1. Entity Name

KOCHY PAINTING CO., INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90048 033 ***150.00

Principal Place of Business

7406 PIONEER RD
WPB FL 33413

Mailing Address

7406 PIONEER RD
WPB FL 33413-2219

2. Principal Place of Business

4432 HICKORY DRIVE
Suite, Apt. #, etc.

3. Mailing Address

4432 HICKORY DRIVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM BCH. GARDENS, FL

City & State

PALM BCH. GARDENS, FL

4. FEI Number

59-2740092

Applied For

Not Applicable

Zip

33418

Country

USA

Zip

33418

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEMP, HARRY MA
7406 PIONEER RD
WPB FL 33413

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, 2000 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	VST	<input type="checkbox"/> Delete
NAME	DJELOSEVIC, DEBRA I	
STREET ADDRESS	7406 PIONEER RD	
CITY-ST-ZIP	WPB FL 33413	
TITLE	PT	<input type="checkbox"/> Delete
NAME	DJELOSEVIC, LUCA	
STREET ADDRESS	7406 PIONEER RD	
CITY-ST-ZIP	WPB FL 33413	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	DJELOSEVIC, LUCA	
STREET ADDRESS	7406 PIONEER RD.	
CITY-ST-ZIP	W. PALM BCH. FL 33413-2219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

DEBRA I. DJELOSEVIC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-24-00

Daytime Phone #

561-776-8079