

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90049 050 ***150.00

DOCUMENT # J65128

1. Entity Name
JOHN SEKULA REALTY INC.

Principal Place of Business

**300 N. WOODLAND BLVD.
 DELAND FL 32720**

Mailing Address

**300 N. WOODLAND BLVD.
 DELAND FL 32720**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**103 W Wisconsin Ave
 Suite 203
 Deland FL**

3. Mailing Address

**103 W Wisconsin Ave
 Suite 203
 Deland FL**

4. FEI Number **59-2792621**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SEKULA, JOHN
 300 N. WOODLAND BLVD.
 DELAND FL 32720**

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 **JOHN SEKULA**

4/17/2002
 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	P	<input type="checkbox"/> Delete
NAME	SEKULA, JOHN	
STREET ADDRESS	2204 MIMOSA LANE	
CITY-ST-ZIP	DELAND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEKULA, JEANETTE	
STREET ADDRESS	2204 MIMOSA LANE	
CITY-ST-ZIP	DELAND FL	
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
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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:

JOHN SEKULA

4/17/2002 386 738 2825
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)