

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90444 027 ***150.00

0493664 AV

DOCUMENT # K37096

1. Entity Name
HUNGARIAN CORPORATION



Principal Place of Business
% SANDOR KARASZI
2328 SUNSET POINT ROAD
CLEARWATER FL 34625

Mailing Address
% SANDOR KARASZI
2328 SUNSET POINT ROAD
CLEARWATER FL 34625

11001074



2. Principal Place of Business

% SANDOR KARASZI

3. Mailing Address

Suite, Apt. #, etc.
2104. Beckett Lake Dr

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

33763

6. Name and Address of Current Registered Agent

KARASZI, SANDOR
2328 SUNSET POINT ROAD
CLEARWATER FL 34625

4. FEI Number 59-2912688

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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 SANDOR KARASZI

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

Sandor Karaszi

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KARASZI, SANDOR	
STREET ADDRESS	2328 SUNSET POINT RD.	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	VADICKO, JUDIT	
STREET ADDRESS	2328 SUNSET POINT RD.	
CITY-ST-ZIP	CLEARWATER FL 34625	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARASZI SANDOR	
STREET ADDRESS	2104. Beckett Lake Dr	
CITY-ST-ZIP	Clearwater FL 33763	
TITLE	V.S.T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VADICKO JUDIT	
STREET ADDRESS	2104. Beckett Lake Dr.	
CITY-ST-ZIP	Clearwater FL 33763	
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		

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: *Judit Vadicsko* **RECEIVED** *Vadicsko* **4-15-03** **727.442-9395**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (10/02)