

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L72862

1. Entity Name

KORTA & COMPANY, INC.

Principal Place of Business

14502 N DALE MABRY HWY  
STE 200  
TAMPA FL 33618

Mailing Address

14502 N DALE MABRY HWY  
STE 200  
TAMPA FL 33618

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 59-3018837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORTA, JACK  
14502 N DALE MABRY HWY  
STE 200  
TAMPA FL 33618

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, 2001 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 PST  
NAME KORTA, JACK  
STREET ADDRESS 6303 SONGBIRD WAY  
CITY-ST-ZIP TAMPA FL 33625 ☐ Delete

TITLE VP  
NAME KORTA, AMY  
STREET ADDRESS 6303 SONGBIRD WAY  
CITY-ST-ZIP TAMPA FL 33625 ☐ Delete

TITLE D  
NAME KORTA, MARY  
STREET ADDRESS 110 RIVERGLEN ROAD  
CITY-ST-ZIP LIVERPOOL NY 13090 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

4-30-01

Date

813-269-8075

Daytime Phone #

0349658

CR2E034 (10/00)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90174 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE