

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90141 009 \*\*\*150.00

**DOCUMENT # M51777**

1. Entity Name  
**KOZAK, P.T., & ASSOC., INC.**

Principal Place of Business

**C/O JOHN ANDREW KOZAK  
 12421 HENRIETTA AVE.  
 LARGO FL 33774  
 US**

Mailing Address

**C/O JOHN ANDREW KOZAK  
 12421 HENRIETTA AVE.  
 LARGO FL 33774  
 US**

2. Principal Place of Business

**11414 Seminole Blvd**

3. Mailing Address

**c/o John A Kozak**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**12421 Henrietta Ave**

City & State

**Largo, Florida**

City & State

**Largo Florida**

Zip

Country

**33778 US**

Zip

Country

**33774 US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2808236**

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

**KOZAK, JOHN ANDREW  
 12421 HENRIETTA AVE.  
 LARGO FL 33540**

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 A Kozak*

**Administrator**

**1-31-02**

Signature, typed or printed name of registered agent or officer, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>D KOZAK, JOHN ANDREW</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>12421 HENRIETTA AVE.</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)