

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009487

1. Entity Name

J & K REMODELING OF THE BAY AREA, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90016 004 ***150.00

Principal Place of Business

10405 53RD AVE. NORTH
ST. PETERSBURG FL 33708

Mailing Address

10405 53RD AVE. NORTH
ST. PETERSBURG FL 33708

2. Principal Place of Business

10190 109ST N

Suite, Apt. #, etc.

3. Mailing Address

10190 109ST N

Suite, Apt. #, etc.

City & State

SEMINOLE, FL

Zip

33772

Country

PINELLAS

City & State

SEMINOLE FL

Zip

33772

Country

PINELLAS

4. FEI Number

59-3618364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOWENSKI, LISA K
10405 53RD AVE. NORTH
ST. PETERSBURG FL 33708

7. Name and Address of New Registered Agent

Name KOWENSKI, LISA K

Street Address (P.O. Box Number is Not Acceptable)

10190 109ST N

City

SEMINOLE

FL

Zip Code

33772

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

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

LISA K. KOWENSKI
(NOTE: Registered Agent signature required when reinstating)

1/18/01
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	PD	<input type="checkbox"/> Delete
NAME	KOWENSKI, LISA K	
STREET ADDRESS	10405 53RD AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOWENSKI, EUGENE J	
STREET ADDRESS	10405 53RD AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
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:

Lisa K. Kowenski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-18-01 727-398-5373

Daytime Phone #

CR2E034 (10/00)