

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90322 001 ***150.00
 01-24-2002 90322 002 *****8.75

DOCUMENT # P00000009487

1. Entity Name

J & K REMODELING OF THE BAY AREA, INC.

Principal Place of Business

**10190 109 ST. N
 SEMINOLE FL 33772**

Mailing Address

**10190 109 ST. N
 SEMINOLE FL 33772**

2. Principal Place of Business

10190 109ST N

3. Mailing Address

10190 109ST N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEMINOLE

City & State

SEMINOLE

Zip

33772

Country

FLORIDA

Zip

33772

Country

FLORIDA

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

7. Name and Address of New Registered Agent

**KOWENSKI, LISA K
 10190 109 ST. N
 SEMINOLE FL 33772**

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

Lisa K. Kowenski

1-9-02

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, 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **KOWENSKI, LISA K**
 CITY-ST-ZIP **10405 53RD AVE. NORTH
 ST. PETERSBURG FL 33708**

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **KOWENSKI, EUGENE J**
 CITY-ST-ZIP **10405 53RD AVE. NORTH
 ST. PETERSBURG FL 33708**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

1-9-02 727-788-8775
 Date Daytime Phone #

CR2E034 (9/01)