

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90111 041 ***150.00

0067353

DOCUMENT # P00000024998

1. Entity Name

KUBILIS COMPRESSOR SALES & SERVICE INC.

Principal Place of Business
773 WEST LANCASTER STREET
ORLANDO FL 32809

Mailing Address
773 WEST LANCASTER STREET
ORLANDO FL 32809

761610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4100 Anthony Lane

3. Mailing Address

4100 ANTHONY LANE

Suite, Apt. #, etc.

4100

Suite, Apt. #, etc.

City & State

Orlando

City & State

Orlando FL.

4. FEI Number

5-52-2222575

Applied For

Not Applicable

Zip

32822

Country

Orange

Zip

32822

Country

USA

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

KUBILIS, MARY
4100 ANTHONY LANE
ORLANDO FL 32822

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

James Kubilis Jr

01-18-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTD
KUBILIS, MARY
773 WEST LANCASTER STREET
ORLANDO FL 32809 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPSD
KUBILIS, JAMES L JR.
773 WEST LANCASTER STREET
ORLANDO FL 32809 ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 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:

James Kubilis Jr
JAMES L KUBILIS JR

01-18-01

407 970 1489

Date

Daytime Phone #

CR2E034 (10/00)