

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065412

1. Entity Name

JOHN'S PLACQUE & ENGRAVING SERVICE INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90274 009 ***150.00

0033610

Principal Place of Business
1660 PALM LEAF DRIVE
BRANDON FL 33510

Mailing Address
1660 PALM LEAF DRIVE
BRANDON FL 33510

2. Principal Place of Business
5251 S DALE MARRY Hwy
Suite, Apt. #, etc.
Suite D

3. Mailing Address
5251 S DALE MARRY Hwy
Suite, Apt. #, etc.
Suite D

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
59-366417

Applied For
Not Applicable

Zip
33611

Country
Hillsborough

Zip
33611

Country
Hillsborough

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

SZEKELY, JOHN W
1660 PALM LEAF DRIVE
BRANDON FL 33510

Name
JOHN'SZEKELY

Street Address (P.O. Box Number is Not Acceptable)
5251 S DALE MARRY Hwy

Suite D

City
Tampa

FL

Zip Code
33611

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

17 APR 01
26 JAN 01

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
DP
JOHN W Szekely
5251 S DALE MARRY Hwy Suite D
Tampa FL 33611 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
CAROLYN R. Szekely
5251 S DALE MARRY Hwy Suite D
Tampa FL 33611 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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] JOHN Szekely

17 APR 01
26 JAN 01

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)