

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90113 004 ***150.00

DOCUMENT # P00000085687



1. Entity Name
KOPECEK CORPORATION

Principal Place of Business
**7231 MAIDA
APARTMENT #3A
FT MYERS FL 33908**

Mailing Address
**7231 MAIDA
APARTMENT #3A
FT MYERS FL 33908**

2. Principal Place of Business
2024 SW 42nd Way #B
Suite, Apt. #, etc.

3. Mailing Address
2024 SW 42nd Way #B
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Gainesville, FL
Zip
FL 32607

City & State
Gainesville, FL
Zip
32607

4. FEI Number
65-1036507

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PASEK, MICHAEL D
4851 85TH AVE.
PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent

Name
Roman Kopecek
Street Address (P.O. Box Number is Not Acceptable)
2024 SW 42nd Way #B
City
Gainesville **FL** Zip Code
32607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

Roman Kopecek

2/12/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
KOPECEK, ROMAN
STREET ADDRESS
7231 MAIDA LANE, APARTMENT #3A
CITY-ST-ZIP
FT MYERS FL 33908

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☒ Change ☐ Addition
NAME
KOPECEK, ROMAN
STREET ADDRESS
2024 SW 42nd Way #B
CITY-ST-ZIP
Gainesville, FL 32607

TITLE
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12. 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 10 or Block 11 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

Roman Kopecek

2/12/03

Date

(352)256-1808

Daytime Phone #

CR2E034 (10/02)