

# 2002 UNIFORM BUSINESS REPORT (UBR)

0038572 AV

DOCUMENT # P00000110707

1. Entity Name

KOLESAR INVESTMENTS MANAGEMENT, INC.

FILED

02 JUL -9 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

12882 PLUMMER GRANT ROAD  
JACKSONVILLE FL 32223

Mailing Address

12882 PLUMMER GRANT ROAD  
JACKSONVILLE FL 32223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3688040

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

MORGAN, ROBERT M  
10110 SAN JOSE BLVD.  
JACKSONVILLE FL 32257

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
KOLESAR, JOESPH  
12882 PLUMMER GRANT RD  
JACKSONVILLE FL 32258-4109 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
0000006413320-0  
-07/15/02--01083--015  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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.

RETURN PHONE #  
PLEASE USE TDD  
(904) 260-4990

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOSEPH KOLESAR

7/2/02

Date

Daytime Phone #

CR2E034 (9/01)



*Att. Delmont*  
*Doc #*  
*P00000110707*

# BEIR & FISCHER ACCOUNTING, INC.

A PROFESSIONAL ASSOCIATION OF ACCOUNTANTS

July 2, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs;

Enclosed please find the 2002 Uniform Business Report for Kolesar Investments Management, Inc., FEI Number 59-3688040. Mr. Kolesar, who is the only officer of this entity, is 86 years old and was incapacitated at the due date of this filing and has only now been able to physically and mentally complete this task. They are now securing a power of attorney for his son should this again be a problem in the future. Please accept this filing as timely due to these circumstances. Thank you for your cooperation in this matter.

Thank You,

Jim D. Fischer