

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

**FILED
May 27, 2002 8:00 am
Secretary of State**

05-27-2002 90397 024 ***150.00

DOCUMENT # P01000037791 ✓

1. Entity Name

STEVEN KEPECZ, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
330 John Ringling Blvd.

3. Mailing Address
330 John Ringling Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sarasota, Florida

City & State
Sarasota, Florida

4. FEI Number

59-3713485

Applied For

Not Applicable

Zip Country
34228 USA

Zip Country
34228 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Steven Kepez

Street Address (P.O. Box Number is Not Acceptable)

330 John Ringling Blvd.

City

Sarasota

FL

Zip Code

34228

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)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Steven Kepez 330 John Ringling Blvd. Sarasota, Florida 34228
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Kepez

Steven Kepez

5-1-02

941/358-0705

Date

Daytime Phone #

CR2E034B (12/01)