

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
 03-12-2002 90972 049 ***150.00

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DOCUMENT # P01000044354

1. Entity Name
DAVID A. KUKULA, P.A.

Principal Place of Business
238 FAIRWAY ROAD
ROTONDA WEST FL 33947

Mailing Address
238 FAIRWAY ROAD
ROTONDA WEST FL 33947



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1201 So McCall
 Suite, Apt. #, etc.

3. Mailing Address
660 So. OXFORD DR
 Suite, Apt. #, etc.

City, State, and Zip
ENBLEWOOD FL 34223
USA

City, State, and Zip
ENBLEWOOD FL 34223
USA

4. Filing Number **65-1048538**
 Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **DAVID A. KUKULA, P.A.**
Street Address (P.O. Box Number is Not Acceptable) **660 So OXFORD DR**
City **ENBLEWOOD** **FL** **34223**

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 *David Kukula P.A.* **DAVID KUKULA P.A.** **1-30-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSTD	<input type="checkbox"/> Delete
NAME	KUKULA, DAVID A	
STREET ADDRESS	238 FAIRWAY ROAD	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	660 So OXFORD DR
CITY-ST-ZIP	ENBLEWOOD FL 34223
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *David Kukula P.A.* **DAVID KUKULA P.A.** **1-30-02** **941 474 1114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)