2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF

FILED May 24, 2002 8:00 ams Secretary of State DOCUMENT # P01000052993 1. Entity Name 05-24-2002 91277 046 ***150.00 HRICIK CARPENTRY, INC. Principal Place of Business Mailing Address 4323 18TH STREET N 4323 18TH STREET N ST PETERSBURG FL 33714 ST PETERSBURG FL 33714 2. Principal Place Mailing Address DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired NELLAS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HRICIK, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4323 18TH STREET N ST PETERSBURG FL 33714 City Zip Code ht for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this state ne SIGNATURE ignature required when reinstating Noed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE HRICIK, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS **4323 18TH STREET N** ST PETERSBURG FL 33714 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all other like empo