

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90151 030 ***150.00

DOCUMENT # P01000058386

1. Entity Name
GEORGE DOLOMANUK JR., INC.



Principal Place of Business
**2792 RHONDA LANE
MELBOURNE FL 32935**

Mailing Address
**2792 RHONDA LANE
MELBOURNE FL 32935**

2. Principal Place of Business
2435 RICKY Rd
Suite, Apt. #, etc.

3. Mailing Address
2435 RICKY Rd
Suite, Apt. #, etc.

City & State
Melbourne Florida
Zip
32935 Country
USA

City & State
Melbourne Florida
Zip
32935 Country
USA

4. FEI Number
59-3729577

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DOLOMANUK, GEROGE JR
2792 RHONDA LANE
MELBOURNE FL 32935**

← *change of address* →

7. Name and Address of New Registered Agent

Name **George Dolomanuk Jr**
Street Address (P.O. Box Number is Not Acceptable)
2435 RICKY Rd.
City **Melbourne FL** Zip Code **32935**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1-25-03**

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 **PSTD** ☐ Delete
NAME **GEORGE DOLOMANUK**
STREET ADDRESS **2792 RHONDA**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **George Dolomanuk Jr.**
STREET ADDRESS **2435 RICKY Rd**
CITY-ST-ZIP **Melbourne Florida 32935**

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

TITLE ☐ Change ☐ Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)