## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 05, 2002 8:00 am Secretary of State P01000060112 DOCUMENT # 1. Entity Name 08-05-2002 90004 046 \*\*\*158.75 KOKOCHAK & STARLING INC. Principal Place of Business Mailing Address 812342 3104 FOREST KNOLL CIRCLE 3104 FOREST KNOLL CIRCLE **TAMPA FL 33618 TAMPA FL 33618** 3. Mailing Address 2. Principal Place of Business 1717 ARCH ST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 59-3727518 Not Applicable TAMPA Country \$8.75 Additional Zip 5. Certificate of Status Desired HILLS BURGUEN 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOKOCHAK-STARLING, CHERIE Street Address (P.O. Box Number is Not Acceptable) 3104 FOREST KNOLL CIRCLE **TAMPA FL 33618** Zip Code City 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 (NOTE: Registered Agent signature required green reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 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 12. 11. PRESIDENT ☐ Change Addition ☐ Delete TITLE TITLE DAVID M. KOKOCHAK NAME NAME DRING # 156 STREET ADDRESS 5601 GRAMADA STREET ADDRESS CITY-ST-ZIP SARASUTA, FL CITY-ST-7IP Change ☐ Delete TITLE CO- PLES BONT TITLE NAME WAYNE H. STARLING NAME STREET ADDRESS STREET ADDRESS 3104 FOREST Know CIRCLE CITY-ST-ZIP CITY\_ST\_ZIP\_ TAMPA SEL KE TALY ☐ Change Addition ☐ Delete TITLE NAME KOKOCHAK \_ 574MING STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA PL 33616 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

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1717 W. Arch Street Tampa, Florida 33607 (813) 258-2560 Bus/2570 Fax

August 2, 2002

To:

Florida Department of State

**Division of Corporations** 

From: \_

David M. Kokochak

President; Kokochak & Starling Inc. (P01000060112)

Subject:

Request for Waiver of the Uniform Business Report (UBR) Late Fee

Having not received a prior notice and this being our first time as a corporation, we did not know that there was an annual filing fee for a corporation, nor a due date for such a filing fee. Please forgive our late filing and grant us a waiver for the 2002 UBR late filing fee of \$400.00.

Thank You for this consideration and Have a Great Day.

David M. Kokochak

President

Kokochak & Starling Inc.