

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90318 044 ***550.00

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1. Entity Name
JOSEPH GREGARCZYK CONSTRUCTION, INC.



Principal Place of Business
**614 DELAWARE AVE.
ST. CLOUD FL 3476-9**

Mailing Address
**614 DELAWARE AVE.
ST. CLOUD FL 3476-9**

10111307



2. Principal Place of Business
326 VILLAGE PLACE

Suite, Apt. #, etc.
326

City & State
DAVENPORT FL.

3. Mailing Address
326 VILLAGE PLACE

Suite, Apt. #, etc.
326

City & State
DAVENPORT FL

Zip
33896

Country
Polk

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3742978**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREGARCZYK, JOSEPH
614 DELAWARE AVE.
ST. CLOUD FL 3476-9

7. Name and Address of New Registered Agent

Name **JOSEPH GREGARCZYK**

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

City **DAVENPORT** FL Zip Code **33896**

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 Joseph Gregarczyk (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	GREGARCZYK, JOSEPH	614 DELAWARE AVE.	ST. CLOUD FL 3476-9	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	GREGARCZYK, JOSEPH	326 VILLAGE PLACE	DAVENPORT FL 33896	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Joseph Gregarczyk 9-3-03 321-624-4506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (4/03)