

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90211 027 ***150.00

DOCUMENT # **P01000112578**

1. Entity Name

JARD DOG, INC.



DO NOT WRITE IN THIS SPACE

70043973

2. Principal Place of Business

3605 MARCH AVE.

3. Mailing Address

3605 MARCH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL.

City & State

ORLANDO FL.

4. FEI Number

03-0379697

Applied For

Not Applicable

Zip

32806

Country

Zip

32806

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

O'BRIEN, NEILL III

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

140 NORTH ORLANDO AVE STE. 150

City

WINTER PARK

FL

Zip Code

32789

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT
NAME	NEIL T. KURAWSKI
STREET ADDRESS	3605 MARCH AVE.
CITY-ST-ZIP	ORLANDO FL 32806
TITLE	VICE PRESIDENT
NAME	THOMAS E. KURAWSKI
STREET ADDRESS	3605 MARCH AVE.
CITY-ST-ZIP	ORLANDO FL 32806
TITLE	TREASURER
NAME	JANET L. KURAWSKI
STREET ADDRESS	3605 MARCH AVE.
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas E. Kurawski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/03

Date

407-851-5532

Daytime Phone #

CR2E034B (12/02)