

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

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

04-18-2003 90175 011 ***150.00

DOCUMENT # *P 02000000949*

1. Entity Name

JOZEF'S PAINTING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4 FLAXTON CT.

3. Mailing Address

P.O. BOX 350892

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM COAST, FLORIDA

City & State

PALM COAST, FL

4. FEI Number

04-3593490

Applied For

Not Applicable

Zip

32137

Country

FLAGLER

Zip

32135-0892

Country

FLAGLER

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Donald W. Duncan P.A.

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

21 Old Kings Road, Suite B-110

City

Palm Coast

FL

Zip Code

32137

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]

DONALD W. DUNCAN

4/15/03

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	<i>PT</i>
NAME	<i>JOZEF UHLAR</i>
STREET ADDRESS	<i>4 FLAXTON CT.</i>
CITY-ST-ZIP	<i>PALM COAST, FL 32137</i>
TITLE	<i>VPS</i>
NAME	<i>GABRIELA UHLAR</i>
STREET ADDRESS	<i>4 FLAXTON CT.</i>
CITY-ST-ZIP	<i>PALM COAST, FL 32137</i>
TITLE	
NAME	
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**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:

[Signature]

GABRIELA UHLAR VP.

4/15/03

3868466518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)