

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0120478 AT

DOCUMENT # P02000007363

1. Entity Name
ANDREW A AGURKIS ENTERPRISES INC.



FILED

03 AUG 26 PM 3:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
POST OFFICE BOX 833
ORANGE PARK FL 32067-0833

Mailing Address
POST OFFICE BOX 833
ORANGE PARK FL 32067-0833

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



3/10/03 90174 034 * * \$150.00

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

15-11039-02

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOCKER, SONJA
9107 LOWERY STREET
JACKSONVILLE FL 32226

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME AGURKIS, ANDREW A
STREET ADDRESS POST OFFICE BOX 833
CITY-ST-ZIP ORANGE PARK FL 32067-0833

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME AGURKIS, PAULA R
STREET ADDRESS POST OFFICE BOX 833
CITY-ST-ZIP ORANGE PARK FL 32067-0833

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW A AGURKIS

8/20/03

Date

Daytime Phone #

CR2E034 (4/03)

July 6 2003

To Whom It may Concern,

Per our telephone conversation today you agreed to remove all penalties and interest because
I ANSWERED ALL INQUIRIES ON MY FED ID. SEE THE ATTACHED COPY WITH MY ID#
65-1103902.

Thanks

Andrew Agrukis, President

Andrew A. Agurkis Enterprises Inc.