

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90204 028 ***150.00

0455390 AV

DOCUMENT # P02000012326

1. Entity Name
JP WHIP IMPORTING, INC



Principal Place of Business
5005 WEST LAUREL STREET
211
TAMPA FL 33607

Mailing Address
5005 WEST LAUREL STREET
211
TAMPA FL 33607



2. Principal Place of Business
5005 WEST LAUREL ST
Suite, Apt. #, etc.
115

3. Mailing Address
5005 WEST LAUREL ST
Suite, Apt. #, etc.
115

City & State
TAMPA FL
Zip
33607

City & State
TAMPA FL
Zip
33607

4. FEI Number
75-3005628
Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
MORILAK LAW FIRM, P.A.
5005 WEST LAUREL STREET
212
TAMPA FL 33607

7. Name and Address of New Registered Agent
Name
MARTIN NEMEC
Street Address (P.O. Box Number is Not Acceptable)
5005 W. LAUREL ST
SUITE 115
City
TAMPA FL Zip Code
33607

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 when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEMEC, MARTIN | | NAME | VLASTIMIL HADRABA | |
| STREET ADDRESS | 5005 WEST LAUREL ST | | STREET ADDRESS | 5005 WEST LAUREL ST, Ste 115 | |
| CITY-ST-ZIP | TAMPA FL 33607 | | CITY-ST-ZIP | TAMPA FL 33607 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORILAK LAW FIRM | | NAME | MARTIN NEMEC | |
| STREET ADDRESS | 5005 WEST LAUREL ST, 212 | | STREET ADDRESS | 5005 W. LAUREL ST, Ste 115 | |
| CITY-ST-ZIP | TAMPA FL 33607 | | CITY-ST-ZIP | TAMPA FL 33607 | |
| TITLE | | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 REQUIRED
04-21-03 (813) 2889313
Date Daytime Phone #

CR2E034 (10/02)