

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90075 008 \*\*\*150.00

**DOCUMENT # P02000012424**

1. Entity Name  
**PAUL GWIZ REUPHOLSTERY, INC.**



Principal Place of Business  
**936 COUNTRY CLUB  
A  
CAPE CORAL FL 33990**

Mailing Address  
**936 COUNTRY CLUB  
A  
CAPE CORAL FL 33990**

2. Principal Place of Business  
**SAME**  
Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.

City & State  
**SAME**

City & State  
**SAME**

4. FEI Number  
**370-62-8011**

Applied For  
☒ Not Applicable

Zip  
**33990**

Country  
**LEE**

Zip  
**33990**

Country  
**LEE**

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

**6. Name and Address of Current Registered Agent**

**GWIZDALA, PAUL S  
936 COUNTRY CLUB  
A  
CAPE CORAL FL 33990**

**7. Name and Address of New Registered Agent**

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 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 **PRESIDENT** ☐ Delete  
NAME **TERESA GWIZDALA**  
STREET ADDRESS **936 COUNTRY CLUB BLVD**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VRE SURARY** ☐ Delete  
NAME **ROBERT LEO GWIZDALA**  
STREET ADDRESS **1636 WISKIN CIRCLE**  
CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Delete  
NAME **PAUL S. GWIZDALA**  
STREET ADDRESS **936 COUNTRY CLUB BLVD. CAPE CORAL FL 33990**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VICE-PRESIDENT** ☐ Delete  
NAME **JESSICA C. KETON**  
STREET ADDRESS **1322 SE 2ND PL**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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**

Date Daytime Phone #

CR2E034 (10/02)