

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90204 029 \*\*\*150.00

DOCUMENT # P02000025252

1. Entity Name

CENTRAL EUROPEAN TRADING COMPANY



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.

3. Mailing Address

5005 W. Laurel St.

Suite, Apt. #, etc.

115

Suite, Apt. #, etc.

115

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33607

Country

Zip

33607

Country

4. FEI Number

80-0051366

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, PA

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 WEST LAUREL STREET

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-21-03

**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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NEMEC, MARTIN	
STREET ADDRESS	5005 WEST LAUREL STREET, SUITE 211	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MORILAK, KENNETH J	
STREET ADDRESS	5005 WEST LAUREL STREET, SUITE 212	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMEC, MARTIN	
STREET ADDRESS	5005 WEST LAUREL STREET, SUITE 211	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN NEMEC	
STREET ADDRESS	5005 W. LAUREL STREET	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-03 (P3) 2899313

Date

Daytime Phone #

CR2E034 (10/02)