

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90323 041 ***550.00

DOCUMENT # P02000026504



1. Entity Name
OLIMPIYUK CARPENTRY, INC.

Principal Place of Business
**7000 ELYTON DR
NORTH PORT FL 34287**

Mailing Address
**7000 ELYTON DR
NORTH PORT FL 34287**



2. Principal Place of Business
7090 ELYTON DR

3. Mailing Address
7090 ELYTON D.

CHECK HERE IF MAKING CHANGES

City & State
NORTH PORT FL

City & State
NORTH PORT FL

4. FEI Number
04-3626737

Applied For
 Not Applicable

Zip
34287

Country
SARASOTA

Zip
34287

Country
SARASOTA

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

6. Name and Address of Current Registered Agent
**OLIMPIYUK, ANDREY
7000 ELYTON DR
NORTH PORT FL 34287**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
7090 ELYTON DR.
City
NORTH PORT FL Zip Code
34287

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: **9-02-03**

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D OLIMPIYUK, ANDREY 7000 ELYTON DR NORTH PORT FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7090 ELYTON DRIVE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIMPIYUK, ALEXANDER 7000 ELYTON DR NORTH PORT FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7090 ELYTON DRIVE NORTH PORT, FL 34287
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **9-2-03** **(941)628-8714**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)