

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

0445604 AV

04-18-2003 90134 044 ***150.00

DOCUMENT # P02000071265

1. Entity Name
VINCENT J. KROCKA P.A.



Principal Place of Business
**18913 CHAVILLE RD
LUTZ FL 33558**

Mailing Address
**18913 CHAVILLE RD
LUTZ FL 33558**



2. Principal Place of Business
18913 CHAVILLE RD
Suite, Apt. #, etc.

3. Mailing Address
18913 CHAVILLE RD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
LUTZ FL

City & State
LUTZ FL

4. FEI Number
75-3067721

Applied For
☐ Not Applicable

Zip
33558 Country
USA

Zip
33558 Country
USA

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

**KROCKA, VINCENT J
18913 CHAVILLE RD
LUTZ FL 33558**

Name
None
Street Address (P.O. Box Number is Not Acceptable)
NA
City
NA FL Zip Code
NA

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 **VINCENT J KROCKA**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-11-03
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
D PIV/ST ☐ Delete
NAME
KROCKA, VINCENT J
STREET ADDRESS
18913 CHAVILLE RD
CITY-ST-ZIP
LUTZ FL 33558

TITLE
D PIV/ST ☐ Change ☒ Addition
NAME
KROCKA VINCENT J,
STREET ADDRESS
18913 CHAVILLE RD,
CITY-ST-ZIP
LUTZ FL 33558

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: **VINCENT J. KROCKA** **4-11-03** **813-390-3229**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)