

FILED  
May 23, 2003 8:00 am  
Secretary of State

05-01-2003 90167 026 \*\*\*150.00

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

DOCUMENT # P02000092769

1. Entity Name  
JOLANTA REALTY, INC.



55043371

Principal Place of Business  
3816 104TH AVE N  
CLEARWATER FL 33762

Mailing Address  
3816 104TH AVE N  
CLEARWATER FL 33762



2. Principal Place of Business

3816 104 Ave N

Suite, Apt. #, etc.

3. Mailing Address

3816 104 Ave N

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

90-0045141

Applied For

Not Applicable

Zip

33762

Country

PINELLAS

Zip

33762

Country

PINELLAS

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

BERESNIEWICZ, JOLANTA  
1816 104TH AVE N  
CLEARWATER FL 33762

Name

ZASADNA JOLANTA

Street Address (P.O. Box Number is Not Acceptable)

3816 104 Ave N

City

CLEARWATER, FL

FL

Zip Code

33762

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]*

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

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	JOLANTA ZASADNA	3816 104 Ave N	CLEARWATER, FL 33762	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 727-572-9110  
Date Daytime Phone #

CR2ED34 (10/02)