

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90682 012 ***150.00

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

DOCUMENT # P02000094667

1. Entity Name
CZECH-POL CORPORATION



Principal Place of Business
**1206 EXCALIBUR
HOLIDAY, FL 34670**

Mailing Address
**1206 EXCALIBUR
HOLIDAY, FL 34670**

2. Principal Place of Business
1206 EXCALIBUR ST
Suite, Apt. #, etc.

3. Mailing Address
1206 EXCALIBUR ST
Suite, Apt. #, etc.

City & State
HOLIDAY FL

City & State
HOLIDAY FL

Zip
34690

Country

Zip
34690

Country

4. FEI Number
46-0498206

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

**NEDBALEC, JAROSLAV
1206 EXCALIBUR
HOLIDAY, FL 34670**

7. Name and Address of New Registered Agent

Name

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

1206 EXCALIBUR ST

City
HOLIDAY

FL

Zip Code
34690

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

Jaroslav Nedbalec
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

03.09.03

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	NEDBALEC, JAROSLAV	1206 EXCALIBUR HOLIDAY, FL 34670	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1206 EXCALIBUR ST	HOLIDAY FL 34690	<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:

Jaroslav Nedbalec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03.09.03

CR2E034 (10/02)