

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90950 022 \*\*\*150.00

DOCUMENT # *P02000120974*

1. Entity Name

PAULETICH SERVICES INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
9024 NW 60th ST

3. Mailing Address  
9024 NW 60th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TAMARAC, FLORIDA

City & State  
TAMARAC, FLORIDA

4. FEI Number 41-2068417

Applied For  
Not Applicable

Zip  
33321

Country  
USA

Zip  
33321

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name GARY R PAULETICH

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

9024 NW 60th ST

City TAMARAC

FL

Zip Code  
33321

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

*Gary R Pauletich*

GARY R PAULETICH

3-01-2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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  
President  
Maria A Pauletich  
9024 NW 60th ST Tamarac, FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Vice president  
Gary R Pauletich  
9024 NW 60th ST Tamarac, FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA A PAULETICH

3-01-2003

954-366-5892

Date

Daytime Phone #

CR2E034B (12/02)