2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State
03-15-2005 90018 022 ***150.00

DOCUMENT # P03000054534

1. Entity Name
JOE UNGVARSKY CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
~~2814 GULF DR, APT C~~ HOLMES BEACH, FL 34217	~~2814 GULF DR, APT C~~ HOLMES BEACH, FL 34217

03072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5916 Marina Dr.	PO Box 449
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holmes Beach, Fl.	City & State: Anna Maria, Fl.
Zip: 34217 Country: Manatee	Zip: 34216 Country: Manatee

4. FEI Number 20-0037228 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UNGVARSKY, JOSEPH P
~~2814 GULF DR, APT C~~
HOLMES BEACH, FL 34217

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5916 Marina Dr.

City: Holmes Beach FL Zip Code: 34217

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, 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, 2005 Fee will be $550.00

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 UNGVARSKY, JOSEPH P ~~2910 GULF DR, APT C~~ ~~HOLMES BEACH, FL 34217~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition P.O. Box 449 Anna Maria, Fl. 34216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNGVARSKY, GARY 268 E MILL ST HORSEHEADS, NY 14845 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #