

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054534

FILED
Apr 14, 2009
Secretary of State

Entity Name: JOE UNGVARSKY CONSTRUCTION, INC.

Current Principal Place of Business:

5916 MARINA DR
HOLMES BEACH, FL 34217

New Principal Place of Business:

102 MAPLE AVE
ANNA MARIA, FL 34216

Current Mailing Address:

PO BOX 449
ANNA MARIA, FL 34216

New Mailing Address:

FEI Number: 20-0037228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNGVARSKY, JOSEPH P
5916 MARINA DR
HOLMES BEACH, FL 34217 US

Name and Address of New Registered Agent:

UNGVARSKY, JOSEPH P
102 MAPLE AVE
ANNA MARIA, FL 34216 US

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.

SIGNATURE:

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: UNGVARSKY, JOSEPH P
Address: PO BOX 449
City-St-Zip: ANNA MARIA, FL 34216

Title: D () Delete
Name: UNGVARSKY, GAR
Address: 268 E MILL ST
City-St-Zip: HORSEHEADS, NY 14845

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH P UNGVARSKY

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date