2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State
09-05-2003 90110 048 ***550.00

012718 AT

DOCUMENT # P93000033075

1. Entity Name
KANICSAR DRYWALL, INC.

Principal Place of Business	Mailing Address
780 BRIARCREST DR	PO BOX 740939
ORANGE CITY FL 32763	ORANGE CITY FL 32774-0939
US	US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3824 S. Atlantic Ave. #1	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Shores, FL	City & State:
Zip: 32118 Country: USA	Zip: Country:

4. FEI Number 59-3184828 ☐ Applied For ☐ Not Applicable

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
KANICSAR, DAVID	Name:
780 BRIARCREST DR	Street Address (P.O. Box Number is Not Acceptable): 3824 S. Atlantic Ave. #1
ORANGE CITY FL 32763	City: Daytona Shores FL Zip Code: 32118

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 $550.00
After September 10, 2003 Fee will be $750.00
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	PD KANICSAR, DAVID J 780 BRIARCREST DR ORANGE CITY FL 32763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 3824 S. Atlantic Ave. #1 Daytona Shores, FL 32118	XX Change ☐ Addition
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CR2E034 (4/03)

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 REQUIRED David J. Kanicsar 09/02/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #