

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019868

1. Entity Name
KOCESKI ENTERPRISES, INC.

Principal Place of Business
1010 BLUE HORIZON
DELTONA FL 32738

Mailing Address
1010 BLUE HORIZON
DELTONA FL 32738

2. Principal Place of Business
1010 Blue Horizon
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Deltona FL

City & State

4. FEI Number 59-3302047

Applied For
Not Applicable

Zip 32725 Country Volusia

Zip

Country

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

6. Name and Address of Current Registered Agent

KOCESKI, CHRISTOPHER M
1010 BLUE HORIZON
DELTONA FL 32738

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code 32725

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.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVS
NAME KOCESKI, CHRISTOPHER
STREET ADDRESS 1010 BLUE HORIZON
CITY-ST-ZIP DELTONA FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher M. Koceski 386-532-5160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90013 021 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)