

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA600001143**

1. Entity Name
LLOYD KALKA
KALKA HOME REPAIR INC

FILED

02 JUN 19 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
BAY COUNTY FL
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 656
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PANAMA CITY FL

City & State
PANAMA CITY FL

4. FEI Number
59-5361410

Applied For
Not Applicable

Zip
32402

Country
USA

Zip
32402

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
LLOYD KALKA

Street Address (P.O. Box Number is Not Acceptable)
7116 COLLINS RD

PANAMA CITY

City

FL

Zip
32404

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 **Lloyd Kalka**

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

(NOTE: Registered Agent signature required when reinstating)

05-07-02

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. PRES. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LLOYD KALKA
7116 COLLINS RD
PANAMA CITY FL 32404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
51.25 - AR
10.00 - ARARTS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
WILLIAM FOSTER II
6032 MUSCOGEE DR
YOUNGSTOWN, FL 32466

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8.75 - Cent
5.00 - ARElect

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC.
DAVID CRAWFORD
7711 RESOTA BCH. RD
SOUTH PORT FL 32409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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*******75.00 *****75.00**

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

SIGNATURE: **Lloyd Kalka** **LLOYD KALKA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-02

Date

Daytime Phone #

CR2E034B (12/01)